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THE NATIONAL

ECLECTIC MEDICAL ASSOCIATION

QUARTERLY

EDITED BY

WILLIAM NELSON MUNDY, M.D.

A JOURNAL OF ECLECTIC MEDICINE AND SURGERY.

Comprising the Proceedings, Papers and Discussions of the Association, and Published in the Interest of the Eclectic School of Medicine.

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Morse Harrod, M.D.
President-elect National Eclectic Medical Asssociation.

THE NATIONAL
ECLECTIC MEDICAL ASSOCIATION
QUARTERLY

VOL. XIV. CINCINNATI, SEPTEMBER, 1922. No. 1.

MORSE HARROD, M.D.

Morse Harrod, M.D., was born in Middletown, Marion Township, Allen County, Indiana, April 4, 1866, a son of Morgan and Belinda Harrod.

He received his early education in the township schools, and at an early age received a teacher's certificate. He worked on the farm in the summer months and attended school in the fall and winter months. At the age of twenty-one he began reading medicine in the office of Dr. Joseph L. Smith, of Hoagland, Indiana.

In September, 1889, he matriculated in the Eclectic Medical Institute of Cincinnati, Ohio, graduating in the spring class of 1891. He located in Ft. Wayne, Indiana, June 1, 1891, and has been successfully engaged in the general practice of medicine and surgery since that time.

He was elected coroner of Allen County, Indiana, in 1892, serving four years. He was elected president of the Indiana Eclectic Medical Association in 1905, of which he has been a member for more than twenty years.

He is a thirty-second degree Mason, and in politics he is a staunch Democrat; a member of the First Baptist Church of Ft. Wayne, Indiana, for thirty-three years. He was married to Jennie L. Lipes, May 31, 1888. To this union three children were born: Cimilla Harrod Karns, of Chicago, Ill.; Wayne Allen Harrod, mining engineer at Mayor, Ariz., and Velma June Harrod, at home.

THE NATIONAL ECLECTIC MEDICAL ASSOCIATION

FIFTY-SECOND ANNUAL SESSION—1922

The fifty-second annual session of the National Eclectic Medical Association was held at the Hotel Lincoln, Indianapolis, Indiana, June 20-23, 1922. The first session was called to order at 9:30 A. M., June 20, by the president, Dr. E. G. Sharp, Guthrie, Okla.

INVOCATION.

REV. J. AMBROSE DUNKEL (Tabernacle Presbyterian Church, Indianapolis): Our Father, Thou who are ever gracious and merciful, Thou who dost guide and direct us in all the ways of life, Thou who hast fashioned us in a wonderful way and hast given unto us the mind and the heart and the purpose to search and to understand, we gather before Thee this morning to

praise Thee and to glorify Thy Name. At the very beginning this morning we pray Thee that Thou will grant Thy blessing unto these physicians who have gathered from throughout the length and breadth of our nation that they may here deliberate how to relieve human suffering, how they may be of greater service to the human race, and how they may learn more of the wonderful secrets of Nature—how they may follow in Thy footsteps in the great things of human life and human welfare. Father, we pray Thee that Thou wilt be with them in this gathering, rejoice their hearts as they renew old friendships, and as they meet from day to day wilt Thou be their instructor, and when the sessions close wilt Thou send them back to their homes and to their tasks with joy and gladness in their hearts, girded for more unselfish and beautiful service.

Be with these men as they plan and investigate into the things that are of deep interest to them, give them new vision and new viewpoints, and above all things give them the joy of service to their fellowmen. We ask all this in the name of Jesus. Amen.

Address of Welcome On Behalf of the Indiana State Society.

O. S. Coffin, M.D., Indianapolis, Ind.

Mr. President, Ladies and Gentlemen, Fellow Members of the National Eclectic Medical Association:

I can not express to you this morning how glad I am to see you here. My mind wanders back this morning to the time when I was made a member of this Association, in 1894, when this venerable member, Dr. Younkin, was in the chair, and as I look over the audience I see how very few were members of the Association at that time. Most of them have passed to the Great Beyond. But their places have been filled by younger men, who have come in from year to year, and whom we have welcomed as we have welcomed all who have labored all through these years and have toiled earnestly for the interests of this great cause—the scientific, Eclectic practice of medicine. We have labored together until we have become fast friends, and we feel now that we are bound together by a bond of friendship that can not be severed.

We are glad to have this Association here for several reasons: First, just because you are here. You are friends, and we are glad to have you visit us. We want to extend to you true Hoosier hospitality, and we want you to have as good a time as possible while you are here. There are other reasons why we are glad to have you here. You know when people have a nice home, with beautiful surroundings and are happy in it, they are glad to have their friends come to visit them. These conditions prevail here this morning. We have a beautiful State, of which we are proud for many reasons. It is rich in horticulture, agriculture and manufactures, and it is beautiful in many ways. We have some things in this State that are renowned the world over. We are proud of our State because it has not only produced much in a material way, but it has produced many men and women of talent—Presi-

dents, Vice Presidents, United States Senators and Congressmen, who have been endowed with talent sufficient to carry them to the forefront of the nation. We also have authors and literary people of whom we are proud—James Whitcomb Riley, General Lew Wallace, Booth Tarkington, and many others I could mention. We are proud of our State because of its loyalty and patriotism. In proof of this I would say that there has never been a time when there was a call to arms that Indiana has not responded with her full quota of men and more, and in the center of our city you will find the finest soldiers' monument ever erected in the world—erected in memory of our brave boys. I hope you will see it and go inside and get one of the folders that will describe the different groups of sculpture that are there.

We are proud of our city—not very large, only about 335,000—there are many larger cities, but you do not find any better. In 1921, and thus far in 1922, Indianapolis has headed the list of cities of her class in the United States in building. We cannot build houses or public buildings fast enough to accommodate the incoming people. We are proud of our schools. We have a splendid school system, and we have one of the greatest technical and vocational schools that can be found anywhere. Our Technical High School is without a rival in the United States, as expressed by some of the leading educators of the world.

Then, too, we are right close to the "hub" of this whole country. Just a few miles to the south is the center of population of the United States; a few miles to the north is the center of distribution of the United States, and as spokes of this hub we have coming in here thirty-one railways and interurban lines (seventeen steam roads and fourteen interurbans). The interurbans alone bring in 527 cars every day, and the steam roads 98 trains each day. This makes Indianapolis a wonderful convention city because it is easy of access and centrally located. There is hardly a day in the year, except Sundays, when there is not one, and sometimes many more, conventions held here. We are proud of this and are always glad to welcome them.

As I look over the crowd this morning, I feel that I would like to go down and give each one of you a good, hearty Hoosier handshake, and while I am doing that, sing "Blest be the tie that binds." And when I say that, I am sure I voice the sentiment of every Eclectic physician in Indiana.

Again, gentlemen and ladies, I extend to you the heartiest welcome that I can express. (Applause.)

Response to Address of Welcoms.

E. G. Sharp, M.D., President N. E. M. A., Guthrie, Oklahoma.

Mr. Chairman, Fellow Members of the Association, Ladies and Gentlemen:

Not until I arrived in Indianapolis and saw my name on the program did I know that I was to respond to the Address of Welcome. Why I should have been selected, I do not know. I feel I am wholly unequal to delivering a proper response. However, since it devolves upon me, I want to say to you that from my heart I feel that the welcome we are receiving

and will receive in Indianapolis cannot be surpassed. We realize that the address of welcome given by Dr. Coffin comes from the heart, and that it is a genuine Hoosier welcome, and I am sure we are going to make the most of it and impose upon their hospitality to the extent they will let us.

I came here from some distance, and am taking advantage of this trip to visit some relatives. I expect I have as many cousins within fifty miles of Indianapolis as any man here. Not that I am Hoosier born (I was born over the line in Illinois), but both my parents were born within fifty miles of Indianapolis.

Our Association selected this place of meeting because it is central, and because, as expressed by those who invited us here, it is virtually the center of Eclecticism. It is probable that Indianapolis is more easily accessible to a greater number of Eclectics than any other city that could be selected, and I feel we will have a very good convention here.

I want to say in response to Dr. Coffin's welcome that we certainly appreciate the hospitality that has been extended us, and we hope that we will be able to take advantage of it to he limit, although we do not intend to abuse it. I thank you. (Applause.)

Roll Call.

The roll call of officers was responded to by all save the Second and Third Vice-Presidents. The call of States for the formation of the House of Delegates was responded to as follows:

Florida—D. E. Saxton.
Georgia—J. D. Duvall.
Illinois—J. B. Matthews.
Indiana—O. S. Coffin; John Swanson, alternate.
Kentucky—J. C. Mitchell.
Michigan—Zell L. Baldwin.
Missouri—W. E. Stephens.
Nebraska—F. L. Wilmeth.
New York—George J. Olsson.
Ohio—T. D. Hollingsworth.
Oklahoma—L. L. Cole.
Pennsylvania—C. L. Johnstonbaugh.
Tennessee—George M. Hite.
Eclectic Medical College—J. K. Scudder.

A quorum being declared present, the Association proceeded to the regular order of business and reports were called for.

The report of the Recording Secretary was read by H. H. Helbing.

Secretary's Report for 1921-1922.

The past year has not been as prosperous as heretofore, when we consider the number of new members and reinstated members received; but we have about as much surplus in our treasury as we had last year, which indicates that we have not allowed so many to lapse this year as we did last.

It embarrasses the Association financially when we allow members to lapse for two or three years and then reinstate them for one year's dues. When a member receives the journal for two years by only paying one year's dues, it costs the Association money to simply send him the journal, not considering the other expenses incurred. It seems to me that we ought to charge a larger fee for reinstating a member, as well as a larger fee for membership, because the expense of carrying a member for two years is $2.20 for the journal, besides his certificate and other expenses, and when a member joins and never pays a year's dues thereafter, as many of our members do, we lose considerable money by the transaction.

During the past year we have received fifty-eight applications for membership and twenty-one applications for reinstatement.

I have received the following amounts for dues and sent same to the Treasurer:

May 31, 1921	$128.00	November 9	108.00
July 1	308.00	November 30	90.00
July 7	318.00	January 4, 1922	24.00
August 17	119.00	January 27	98.00
September 13	216.00	April 3	58.00
September 21	36.00	May 17	204.00
October 21	117.00	May 27	28.00
Total			$1,825.00

H. H. Helbing.

Report referred to House of Delegates.

Corresponding Secretary's Report.

The report of the Corresponding Secretary and Editor, by W. N. Mundy, was as follows:

Forest, O., June 1, 1922.

To the National Eclectic Medical Association:

Sirs: I herewith submit to you my thirteenth annual report, and regret to be again compelled to report a deficit, somewhat larger than last year. The items are as follows:

1921— Receipts—1921-1922.

Sept. 1.	Advertising	$ 207.44
Sept. 8.	J. P. Harvill, subscriptions	300.00
Oct. 29.	Jos. Smith	2.00
Dec. 1.	Advertising	157.19
Dec. 12.		86.00
Dec. 19.	C. L. Olssen, Quarterlies	1.50
Dec. 22.	T. D. Adlerman, reprints	3.33
Dec. 23.	J. P. Harvill, subscriptions	300.00
1922—		
Jan. 10.	W. L. Heeve, reprints	3.00
Feb. 3.	H. N. Carr, subscription	1.25

Feb. 8.	Jas. W. Miller, subscription	1.25
Feb. 22.	J. P. Harvill, subscription	300.00
Feb. 24.	Advertising	176.54
Feb. 27.	F. A. Rew, subscription	1.25
Mch. 3.	F. L. Keil, dues	4.50
May 12.	J. P. Harvill, subscriptions	300.00
May 20.	J. W. Brooks, subscription	1.25
June 1.	Advertising	195.50
June 6.	T. D. Adlerman, reprints	8.33
June 14.	J. K. Scudder, reprints	6.67
	Total	$2,057.00

EXPENDITURES.

	Addressing, wrapping and mailing, four issues	$ 60.00
	P. O. mailing and express, four issues	46.36
	Postage on QUARTERLIES and bills, four issues	12.64
	33.24 reams paper, at $11.50	382.26
	One-half ream for cover for December issue	5.94
	Three reams for new cover, three issues	36.34
	Eleven reams at $6.29 for June issue	69.19
	Wrappers for one year	14.11
	Printing same	11.62
	Miscellaneous	.83
		$639.29
1921—		
Sept. 7.	Peerless Printing Co., Sept. QUARTERLY	$ 282.55
Sept. 7.	Editor on acc't	50.00
Oct. 29.	H. H. Helbing, dues for Smith	2.00
Dec. 23.	Peerless Printing Co., Dec. QUARTERLY	297.25
Dec. 23.	Peerless Printing Co., reprints	12.00
Dec. 23.	Editor, on salary	75.00
1922—		
Feb. 24.	Peerless Printing Co., March QUARTERLY	271.00
Feb. 24.	Peerless Printing Co., reprints	8.50
Feb. 24.	Check, J. K. Scudder, balance Feb'y acc't	35.91
Mch. 3.	H. H. Helbing, Keils dues	4.50
June 1.	Peerless Printing Co., June QUARTERLY	308.85
	Due Editor for postage, manuscript, etc $ 12.60	
	Due Editor for stenographer 100.00	
	Due Editor for balance of salary 175.00—	287.60
		$2,274.45
	Deficit	$ 217.45

PUBLISHING N. E. M. A. QUARTERLY.

Receipts.

Sept. 1, 1921.	Advertising, June, '21 issue	$ 207.44	
Dec. 1, 1921.	Advertising, Sept., '21 issue	157.19	
Feb. 24, 1922.	Advertising, Dec., '21 issue	176.54	
June 1, 1921.	Advertising, March, '22 issue	195.50	736.67
Cash subscription			99.00
J. P. Harvill, Treas. (member subscription)			1,200.00
Reprints furnished members			21.33
			$2,057.00

Disbursements.

Sept. 7, 1921.	Peerless Ptg. Co., print'g and bind'g	$282.55	
Dec. 23, 1921.	Peerless Ptg. Co., print'g and bind'g	297.25	
Feb. 24, 1922.	Peerless Ptg. Co., print'g and bind'g	271.00	
June 1, 1922.	Peerless Ptg. Co., print'g and bind'g	308.85	$1,159.65
	Peerless Ptg. Co., reprints		20.50
Addressing, wrapping and mailing four issues		$ 60.00	
Postoffice mailing and express, four issues		46.38	
Postage on stamped QUARTERLIES and bills		12.64	
33.24 reams paper for three issues		382.26	
Eleven reams of paper for June issue		69.19	
Cover paper and miscellaneous		43.11	
Wrappers for one year and printing same		25.73	
Feb. 24—Due business manager (exp.)		35.91	675.21
Helbing dues to			6.50
Editor's salary (on account)			125.00
			$1,986.85
Due Editor, postage and manuscript		$ 12.60	
Due Editor for stenographer		100.00	
Due Editor, balance salary		175.00	287.60
Total			$2,274.45

June 1, 1922. Deficit, $217.45

A comparison of receipts and expenditures will reveal the fact that while our receipts remain the same, the cost of publishing the QUARTERLY has steadily advanced, this item alone in the past year amounting to $256.29. In fact, this item alone is responsible for the increased deficit for the past year, and, with the increased cost of paper, for the increased expense for the last three or four years.

During the past year I have made an unusual and earnest effort to secure additional advertisements. I have written eighty-five firms, most of whom ignored my letters. A few positively declined, and one gave a favorable response. This is not my only effort in this direction, but a renewed one.

I have had to contend with the same condition this year that I have met in former years, namely, essayists carrying their manuscript away for revision. I much prefer to do the correcting myself; in fact, rewrite if necessary for the compositor. It is a vexation of spirit and worry to attempt to secure the manuscript again. I never succeed, and am then condemned because it does not appear in the QUARTERLY. All manuscript carried home by the authors last year never came back to me, notwithstanding requests.

Articles VII and VIII of the By-laws are explicit and need neither explanation nor interpretation. Respectfully submitted,

W. N. MUNDY, *Editor.*

Referred to House of Delegates.

TREASURER'S REPORT.

The report of the treasurer, J. Paul Harvill, was read as follows:

Received from H. H. Helbing:

June, 1921	$ 128.00	November	108.00
July	626.00	December	90.00
August	119.00	January, 1922	122.00
September	252.00	April	58.00
October	117.00	May	232.00

Total	$1,852.00
Cash received direct, not in last report	2.00
Interest from savings bank	41.28
Total receipts	$1,895.28
Balance cash 1921	1,604.54
	$3,499.82

DISBURSEMENTS.

Voucher No. 1920—			
369.	June 15.	W. N. Mundy, overdraft publishing QUARTERLY	41.70
370.	June 15.	H. H. Helbing, salary and stenographer	300.00
371.	June 23.	H. H. Helbing, signs for convention	17.50
372.	July 2.	J. P. Harvill, expenses and stenographer	50.00
373.	July 2.	American Surety Co., bonds Harvill, Helbing	10.00
374.	July 20.	Peerless Printing Co., convention programs	8.75
375.	Aug. 19.	H. H. Helbing, postage, mailing tubes, stationery	59.66
376.	Aug. 24.	Miss Mark Hanna, convention stenographer	138.90
377.	Aug. 30.	W. N. Mundy, Sept. QUARTERLY	300.00
378.	Oct. 25.	Lusk Printing Co., printing receipt books	3.00
379.	Nov. 11.	W. N. Mundy, December QUARTERLY	300.00
1922—			
380.	Feb. 15.	W. N. Mundy, March QUARTERLY	300.00
381.	May 13.	W. N. Mundy, June QUARTERLY	300.00

Total disbursements	$1,829.51
Cash on hand	1,670.31
Referred to the Finance Committee.	$3,499.82

REPORT OF THE COUNCIL OF MEDICAL EDUCATION.

By T. D. ADLERMAN, M.D., Brooklyn, N. Y.

To the Officers and Members of the National Eclectic Medical Association:

The Council of Medical Education has issued two calls for contributions to the National Eclectic Medical College Fund. These two calls resulted as follows:

Missouri.	
Dr. H. H. Helbing	$10.00
Dr. W. J. James	10.00
Dr. W. J. James	10.00
Total	$30.00
Indiana	
Dr. O. S. Coffin	$10.00
Dr. R. B. Douglass	15.00
Dr. J. W. Kannel	10.00
Dr. J. H. Hauck	5.00
Dr. F. W. Moses	10.00
Dr. G. C. Porter	10.00
Dr. J. B. McCabe	10.00
Total	$70.00
Arkansas	
Dr. T. W. Stevenson	$10.00
Dr. J. W. Yancey	10.00
Total	$20.00
Ohio	
Dr. S. M. Sherman	$15.00
Dr. A. F. Green	10.00
Dr. E. A. Wolf	25.00
Dr. W. B. Mercer	10.00
W. S. Merrell Chemical Co.	25.00
Dr. G. W. Smith	10.00
Dr. H. F. Wiedman	10.00
Dr. V. E. Hutchens	5.00
Dr. E. I. Dozer	10.00
Dr. N. A. Lloyd	25.00
Dr. A. F. Green	10.00
Total	$155.00
Iowa	
Dr. F. G. Severs	$10.00
Florida	
Dr. D. E. Saxton	$10.00
New York	
Dr. C. A. Crisspell	$10.00
Dr. M. Berezein	15.00
Dr. R. W. Pierce	25.00
Dr. C. E. Baker	10.00
Dr. A. R. Hill	10.00
Dr. S. L. Halpern	10.00
Dr. Ira F. Hawley	5.00
Dr. S. Tomasello	5.00
The Eclectic Med. Society State of New York	200.00
Dr. E. Broaga	10.00
Total	$300.00
Nebraska	
Dr. F. M. Andrus	10.00
Dr. W. Clyde Davis	10.00
Total	$20.00
Colorado	
Dr. W. W. Patterson	$20.00
Georgia	
Dr. W. W. Andrews	$10.00
Dr. J. T. Gibson	10.00
Total	$20.00
Michigan	
Dr. W. L. Marks and Dr. J. H. Marks	$15.00
South Dakota	
Dr. W. P. Collins	$10.00
Dr. G. W. Suddard	10.00
Canada	
Dr. J. Gordon Bennett	$12.00
Illinois	
Dr. J. S. Billings	$10.00
Dr. J. R. Young	5.00
Dr. R. G. Schoth	10.00
Total	$25.00
Washington	
Dr. J. W. Cosford	$10.00

Connecticut	
Dr. Thos. Mulligan	$25.00
Conn. Ecl. Med. Society	25.00
Dr. A. A. Dewey	10.00
Total	$60.00
Kansas	
Dr. P. L. Jones	$15.00
Dr. W. Steinhauser	10.00
Total	$25.00
Oklahoma	
Dr. S. S. Pettit	$5.00
Pennsylvania	
Dr. D. S. Newell	$10.00
D. H. Edwards	10.00
Dr. E. R. Blough	10.00
Dr. W. L. Helzel	10.00
Total	$40.00
California	
Dr. A. L. Bond	$10.00
Dr. I. A. Wheeler	10.00
Total	$20.00

Received by cash from Dr. Sharp	$726.52
Grand Total	$1,598.52
Expenses	121.78
On hand	$1,476.74
Interest	4.61
Savings Stamps	$1,000.00
Total on hand	$2,481.35

Expenses.

Printing, $20.00; Postage, $38.62; Stenographer, $60.00; Exchange on Checks, $3.16. In all, $121.16.

The Council recommends that $1,000.00 in cash be given to the Eclectic Medical College of Cincinnati, Ohio, for further improvements to be made this year.

The Council recommends that this coming year it be empowered to issue as many calls, to *all* Eclectics in the United States, as it may deem necessary. Even if the expenses for same should run up to a few hundred dollars, it will be worth trying, as with about 7,000 Eclectics in the United States our responses to the appeals will cover same; and even if returns should not come up to expectations, it will be worth trying it.

THE COUNCIL OF MEDICAL EDUCATION,
Theodore Davis Adlerman, M.D., Chairman.
E. H. Holman, M.D.
E. H. Stevenson, M.D.

Cincinnati O., June 15, 1922.

Council of Medical Education, National Eclectic Medical Association.

Gentlemen: The following is the list of donors to the permanent Endowment Fund of the Eclectic Medical College who have paid $100 or more any time during the past twelve years. These amounts are now invested in College mortgage bonds bearing 5 per cent. interest, and in U. S. Liberty

Bonds and War Saving Certificates. All smaller donations are carried in the annual pledge Endowment Fund, and the latter only are used for improvements or current expenses. The interest *only* of the permanent Endowment is available for College expenses.

Alumnal Association, E. M. C.
Wm. P. Best, Indianapolis, Ind. (Bond.)
G. W. Boskowitz. Deceased.
LeRoy Brooks, Cincinnati, O. (Bond.)
E. R. Freeman, M.D. Deceased. (Bond.)
G. F. Hermann, M.D., Jr., Cincinnati, O.
Robert H. Hermann, M.D., Cincinnati, O.
Indiana Eclectic Medical Association.
J. T. Jensen, Spring Grove, Minn. (Bond.)
Kentucky Eclectic Medical Association. (Liberty Bond.)
John Uri Lloyd, Cincinnati, O.
N. Ashley Lloyd, Cincinnati, O.
Curtis G. Lloyd, Cincinnati, O.
B. W. Mercer, M.D., Tiffin, O. (Bond.)
W. K. Mock, M.D., Cleveland, O. (Bond.)
Missouri Eclectic Medical Society. (Liberty Bond.)
National Eclectic Medical Association.
New York Eclectic Medical Association.
Ohio State Eclectic Medical Association.
Pennsylvania Eclectic Medical Society.
W. E. Postle M.D., London, O. (Bond.)
Scudder Medical Association.
John K. Scudder, M.D., Cincinnati, O.
William Shepard, M.D. Deceased. (Bond.)
S. M. Sherman, M.D., Columbus, O. (Bond.)
Lee Strouse, M.D. Deceased. (Bond.)
A. P. Taylor, M.D., Columbus, O. (Bond.)
Ralph B. Taylor, M.D., Columbus, O. (Bond.)
Lyman Watkins, M.D. Deceased. (Bond.)
Fred O. Williams, M.D., Columbus, O. (Bond.)

All our current bills are paid, with a small balance in the general College Fund and in the "Annual Contributors' Endowment Fund." We used the last donation of the National to defray half of the expenses in remodeling the first floor of the College building for clinical uses. We can use additional money to good advantage and would respectfully ask another donation for improvements or permanent Endowment Fund.

Very sincerely,

R. L. Thomas, M.D., *Dean.*
J. K. Scudder, M.D., *Sec'y.*

Referred to House of Delegates.

Report of Propaganda Committee.

By Wm. P. Best, M.D., Indianapolis, Ind.

We herewith submit a detailed financial report of collections and expenditures for the year just closing:

Recapitulating briefly, we have collected and deposited	$1,505.00
Balance in bank, June 1, 1921	428.97
Total	$1,933.97
Total expenses	$1,120.00
Balance in bank, June 1, 1922	$ 813.77

From this should be deducted a check of $15.00 hereunto attached, which was paid out of my personal account through my error in signing the check, leaving an actual balance of $798.77.

In reporting to you it is our pleasure to say that very efficient services were rendered by Dr. Adlerman. The other member of the committee was inactive.

From our offices, jointly we have sent out about 15,000 letters. These went out in series. Our first efforts were directed to the collection of delinquent dues and reinstatement of lapsed members, in which last work Dr. Scudder rendered valuable services.

The result of this work will be reflected in the report of the secretary, as nearly all collections were made through his office, and at all times we have enjoyed his co-operation.

We next addressed ourselves to the task of obtaining new members from a list of graduates who should be interested. This done, letters were addressed to members and non-members alike, urging attendance upon and membership in the state organizations. When desired we have co-operated with state officers, never attempting any propaganda without conferring with local officials first.

With very few exceptions our work has been pleasant, and little or no friction, that has made itself apparent, has developed. We have in season and out of season kept before our people the best interests and needs of our organization, and, most of all, our schools.

The work done by this committee of necessity infringes upon and interweaves itself into that of the recording secretary; and it is our opinion that in the future both the clerical and propaganda work should be directed by one office in the interests of efficiency and economy. We so recommend.

After the beginning of this year it was found impossible to obtain efficient help within the stipulated amount set apart for the propaganda work. Previous to that time an arrangement was had whereby we paid a part of the fee personally, but the report shows that since February 18, 1922, $15.00 per week was paid the stenographer, and she earned it all. Should the organization feel that this is unjust to it, and unjustified expense, we will

assume the difference personally. (Recommend that the excess be paid out of the funds.)

If it is possible to do so, the work should be continued and made to extend in lines which we as yet have been unable to follow. Should your judgment dictate, the committee will gladly discontinue, for the work is exacting and necessarily infringes greatly upon one's time. (Continue.)

The committee has felt—as we did last year—that propaganda work should begin in our college. For this reason we send to each student a copy of the QUARTERLY, and it is suggested that, with your approval, this committee be authorized to expend a reasonable sum in the development of college work, should the committee, the executive committee and college officials find such a course expedient. (Concurred in.)

We desire to again thank our co-workers and all who have liberally contributed means whereby we have been enabled to do this work.

Dr. Adlerman suggests that next year we expend our chief efforts in supporting the college, the details of such work to be so developed as to meet the approval of our college men.

We further report that if this work is carried out successfully, that it is necessary that we have more contributing members.

T. D. ADLERMAN,
WM. P. BEST,

SUMMARY OF EXPENDITURES.

Stenographic help	$ 652.94
Stamps and envelopes	270.61
Supplies	28.27
Printing and stationery	47.50
Miscellaneous	120.88
	$1,120.20
Deposits	$1,933.97
Expenditures	1,120.20
Balance	$ 813.77

DEPOSITS AS PER BANK BOOK.

Balance, June, 1921	$ 428.97
Deposit June 7, 1921	25.00
" July 6	275.00
" July 16	75.00
" July 21	45.00
" July 30	215.00
" Aug. 6	50.00
" Aug. 16	60.00
" Sept. 1	135.00
" Sept. 28	115.00

"	Oct. 31	50.00
"	Mar. 16, 1922	95.00
"	Mar. 23	31.00
"	Apr. 3	60.00
"	Apr. 18	65.00
"	May 23	159.00
"	May 29	25.00
"	June 6	25.00
Total		$1,933.97

Total deposits	$1,933.97
Total of checks drawn	1,120.20
Balance in bank, June, 1922	$ 813.77

Attached check of $15.00 should be deducted from bank balance above.

CHECKS FOR EXPENDITURES SINCE LAST REPORT.

1921—		
April 30.	Stenographer	$ 10.00
May 4.	Ribbons and carbon	7.25
May 7.	Stenographer	10.00
May 14.	Stenographer	10.00
May 24.	Stenographer	10.00
June 16.	Emma J. Hannah, index cards	32.94
July 11.	T. D. Adlerman, steno. help	100.00
July 14.	A. M. A. Directory	12.00
July 21.	Brown & Co., note books	.75
July 23.	Stenographer	10.00
July 25.	Postmaster, 10,000 2c envelopes	236.00
July 25.	L. C. Smith Bros., typewriter repairs	1.05
July 30.	Fulton Office Furn. Co	17.88
July 30.	Stenographer	10.00
Aug. 6.	Stenographer	10.00
Aug. 9.	Carbon paper and ribbons	4.25
Aug. 13.	Stenographer	10.00
Aug. 20.	Stenographer	10.00
Aug. 27.	Stenographer	10.00
Sept. 3.	Stenographer	10.00
Sept. 10.	Stenographer	10.00
Sept. 17.	Stenographer	10.00
Sept. 24.	Stenographer	10.00
Sept. 24.	Printing postals for delinquents	4.50
Oct. 1.	Printing and stationery	47.50
Oct. 1.	Stenographer	10.00
Oct. 8.	Stenographer	10.00

Oct. 15.	Stenographer	10.00
Oct. 24.	Stenographer	10.00
Oct. 29.	Stenographer	10.00
Nov. 5.	Stenographer	10.00
Nov. 12.	Stenographer	10.00
Nov. 19.	Stenographer	10.00
Dec. 3.	Stenographer	20.00
Dec. 7.	86 QUARTERLIES for 86 students	86.00
Dec. 10.	Stenographer	20.00
Dec. 17.	Stenographer	10.00
Dec. 24.	Stenographer	10.00
1922—		
Feb. 11.	Stenographer	15.00
Feb. 18.	L. C. Smith Bros., typewriter repairs	11.17
Feb. 18.	Stenographer	15.00
Feb. 25.	Stenographer	15.00
Mar. 4.	Stenographer	15.00
Mar. 6.	American Surety Co. of New York	5.00
Mar. 11.	Stenographer	15.00
Mar. 18.	Stenographer	15.00
Mar. 20.	Carbon paper	3.00
Apr. 1.	Stenographer	15.00
Apr. 6.	Stenographer	15.00
Apr. 15.	Stenographer	15.00
Apr. 22.	Stenographer	15.00
Apr. 29.	Stenographer	15.00
May 6.	Stenographer	15.00
May 11.	Postmaster, envelopes	16.86
May 12.	Burford Co., second sheets	.80
May 13.	Stenographer	15.00
May 20.	Stenographer	15.00
May 23.	Stamps and envelopes	7.63
May 27.	Stenographer	15.00
June 3.	Stamped envelopes	5.63
June 3.	Stenographer	15.00
	Referred to the House of Delegates.	$1,120.20

The bill of the Peerless Printing Co. for printing programs was presented by Dr. J. K. Scudder and referred to the Finance Committee.

DR. W. N. MUNDY: You have all received your June QUARTERLY, and if you will turn to page 325 you will find that the Constitution and By-Laws are there printed. I want to call your attention to the fact that this is not any different from that under which you have been working. It has simply been rewritten to conform to the amendments that have been made from time to time, and it embodies all the amendments that you have offered and enacted

since the last publication of the Constitution and By-Laws. Sometimes in debates in the body, questions would arise as to the constitutionality, the wisdom or expediency of certain forms of action; this was particularly marked last year. The standing resolutions herewith appended you have adopted at various meetings, and I have indicated the date on which you adopted these resolutions.

I have also appended the Rules for Guidance—some constitutional rulings that have not been made a part of the Constitution and By-Laws. These rules I have gleaned from the rules in governmental and legislative bodies of our country; for instance, from the House of Representatives of Ohio and the national House of Representatives. I thought appending these to the Constitution and By-Laws would guide the presiding officers sometimes in parliamentary tangles such as we had in Colorado Springs. For instance, the question arose whether an accepted report is the same as an adopted report. It is not. Accepting a report simply places it before the house. The question also arose whether we had a right to debate and amend resolutions offered by the House of Delegates. In all legislative bodies with which I have had anything to do they have that right; this is the only body I know of that claims we have not the right to amend resolutions offered by the House of Delegates.

I wish you would read these over. They are very simple, and I believe they would simplify the actions of this body, simplify our work and clear up many entanglements that we have had during the years that I have been a member of this body. When I first joined we did not have a House of Delegates, but fought everything out on the floor. This is simply for your guidance. I offer it for the consideration of this body. (Referred to the House of Delegates.)

Moved by Dr. T. D. Adlerman, that the president's address be set for 2 o'clock. Motion seconded and carried.

The president appointed the following members to fill vacancies on various committees:

Grievance Committee: Geo. M. Hite, J. E. Holman.

Finance Committee: T. D. Hollingsworth, J. B. Matthews.

Necrology Committee: Nannie Glenn, J. D. McCann.

Credentials Committee: T. D. Adlerman, D. E. Saxton.

The president called upon Dr. Younkin.

Dr. Younkin: I think you have called upon the wrong person to make a speech. I am not prepared to make a talk and consequently will have to decline saying anything that would be of very special interest to you. I am happy, however, to meet you again, and thank you for this invitation to speak to you. I hope this meeting will be a grand success. (Applause.)

The convention adjourned until 2 o'clock.

Tuesday Afternoon Session.

The Tuesday afternoon session was called to order at 2 o'clock by the president, Dr. E. G. Sharp. The president's address was read and referred

to the House of Delegates, after which the Section on the Practice of Medicine immediately convened with Dr. Morse Harrod, Ft. Wayne, Indiana, in the chair.

Dr. F. W. Moses, Indianapolis, Indiana, read a paper entitled "Influenza."

Dr. C. R. Campbell, Newton, Ohio, read a paper entitled "Influenza."

Dr. R. B. Douglass, Terre Haute, Indiana, read a paper entitled "Flu Pneumonia."

Dr. J. W. Kannel, Ft. Wayne, Indiana, read a paper entitled "Pneumonia."

Dr. T. D. Hollingsworth, Akron, Ohio, read a paper entitled "Treatment of Influenza by the Old and Newer Methods." Discussion by Drs. R. E. Holmes, Harrisburg, Pa., and F. W. Hosman, Indianapolis, Indiana.

Dr. H. W. Felter, Cincinnati, Ohio, read a paper entitled "The Development of Specific Medication."

Moved, by Dr. N. S. Graves, that a rising vote of thanks be given to Dr. Felter for the presentation of his remarkable paper. Motion seconded and carried.

Dr. Berl I. Billman, Sullivan, Indiana, read a paper entitled, "Actinic Rays." Discussion participated in by Drs. Graves, Saxton and Morehouse.

Dr. Morse Harrod, Ft. Wayne, Indiana, read a paper entitled, "The Study and Application of Specific Medication."

Dr. J. H. Hauck, Terre Haute, Indiana, read a paper entitled, "The Treatment of Croup with Stillingia Liniment."

Dr. H. H. Helbing, St. Louis, Missouri, read a paper entitled "Intravenous Treatment of Rheumatism." Discussion was participated in by Drs. Z. L. Baldwin, Brose Horne, C. W. Wagoner, T. D. Hollingsworth, Burnett, Olsson and Mitchell.

Dr. Brose Horne, Gas City, Indiana, read a paper on "American Medicine."

Dr. R. L. Thomas, Cincinnati, Ohio, read a paper entitled "The Doctor." Discussion by J. D. McCann, M.D.

On motion of Dr. J. C. Mitchell, seconded by Dr. Harrod, the convention adjourned until 8:30 a.m., June 21.

The evening was devoted to a theatre party, the Association being the guests of the Indiana Society.

Wednesday Morning, June 21, 1922.

The business session was called to order at 8:45 by the president, Dr. E. G. Sharp, who called for the report of the House of Delegates.

Report of Recording Secretary:

The committee thinks that the recommendations of Secretary Helbing are covered in Article II, Section 4, and we recommend that the matter stand as it is.

J. C .Mitchell,
Geo. J. Olsson.

Moved by Dr. T. D. Adlerman, that the report of the House of Delegates be adopted. Motion seconded and carried.

Dr. Helbing, on report of Corresponding Secretary:

We recommend that the deficit which occurred last year, amounting to $217.45, be paid by the Treasurer.

We also recommend that the Rules for Guidance which are printed on pages 333-34 of the June QUARTERLY, be adopted.

H. H. Helbing,
C. L. Johnstonbaugh.

Moved by Dr. T. D. Adlerman, that the report of the House of Delegates be adopted. Motion seconded and carried.

Dr. H. H. Helbing then presented the following resolution, to be added to the Rules for Guidance as published in the QUARTERLY:

Rule: When questions, be they recommendations or rejections by the House of Delegates, are presented to the National Association, a majority vote of the delegates at large in convention assembled shall decide the question, and a recommendation to refer the question back to the House of Delegates shall not be required unless the Association shall so decide by special motion and majority vote.

This was referred to the House of Delegates.

Dr. J. C. Mitchell offered the following communication:

To the National Eclectic Medical Association, Indianapolis, Indiana:

Greeting: The Kentucky Eclectic Medical Association commissioned its Secretary to bring to your honorable attention the question of whether the National Eclectic Medical Association is being run by one man or set of men, and whether that action is beneficial or otherwise.

This action was duly moved, seconded and carried at our annual meeting in Louisville, April 12, 1922.

Kentucky Eclectic Medical Association,
By J. C. Mitchell, Secretary.

This was referred to the House of Delegates.

Dr. H. H. Helbing offered the following resolution:

That the Treasurer, Dr. J. Paul Harvill, be reimbursed to the amount of $50.00 for stenographer's expenses in connection with keeping the records of his treasurer's office for 1921-22.

This was referred to the House of Delegates.

The Secretary read a letter written to Dr. E. G. Sharp by Dr. J. C. Hubbard, of Oklahoma City, enclosing check for $20.00—$10.00 for the Propaganda Fund and $10.00 for the Eclectic College.

The business session adjourned.

SECTION II—MATERIA MEDICA AND THERAPEUTICS.

DR. H. W. FELTER, Presiding.

Medicines I Value in Tuberculosis.....N. A. Graves, M.D., Chicago, Ill.
Discussed by Drs. E. G. Sharp, J. D. Saxton, C. L. Johnstonbaugh and J. B. Matthews.

Hypnotics.....Theo. D. Adlerman, Brooklyn, N. Y.
Discussed by Drs. J. D. McCann, J. H. Burnett, R. E. Holmes and J. W. Kannel.

Citrous Fruits.....J. D. Saxton, M.D., Tampa, Fla.
Discussed by Drs. N. A .Graves, W. N. Mundy, R. L. Thomas, T. D. Hollingsworth, Z. L. Baldwin, J. G. Ross and C. B. Gardiner.
Therapeutics of Diphtheria.....W. N. Mundy, M.D., Forest, O.
Discussed by J. D. McCann, J. D. Saxton, E. P. Zeumer, T. D. Hollingsworth and J. H. Burnett.
Phytolacca.....W. P. Collins, M.D., Howard, S. Dak.
Discussed by Drs. F. E. Moses and E. D. Saxton.
Advances in Pharmacy.....C. G. Merrell, Ph.G., Cincinnati, O.
Gelsemium.....Morse Harrod, M.D., Ft. Wayne, Ind.
Black Haw.....T. D. Hollingsworth, Akron, O.
Discussed by Drs. Holmes and Moses.
Apocynum.....R. L. Thomas, M.D., Cincinnati, O.
Discussed by Drs. Holmes, Burnett, Sharp and Saxton.
Convention adjourned until 2:00 p.m.

Wednesday Afternoon Session.

The special order of business for two o'clock Wednesday afternoon was the lecture of Professor John Uri Lloyd, of Cincinnati, on "The Birth of the Crystal Form of Colloid." Also the lecture of Dr. John T. Lloyd, Cincinnati, on "The Mosquito." Both were illustrated by lantern slides.

Section III—Mental and Nervous Diseases.

Dr. T. D. Adlerman, Brooklyn, N. Y., presiding.

Protein Substance in Epilepsy.....A. Horovitz, M.D., Cincinnati, O.
Discussion by Drs. Mitchell and Adlerman.
Acute Poliomyelitis.....R. L. Thomas, M.D., Cincinnati, O.
Discussion: Drs. Mundy, Wright, A. S. Stemler.
Locomotor Ataxia.....G. C. Porter, M.D., Linton, Ind.
Discussion: Drs. Moses, Best, Horovitz, Wilmeth, Adlerman.
Periodic Insanity.....T. D. Adlerman, M.D., Brooklyn, N. Y.
Discussion: Drs. Best and Mitchell.
Multiple Neuritis.....W. N. Mundy, M.D., Forest, O.
Discussion: Drs. Holmes and Burnett.
Hysteria in Children.....A. S. Tuchler, M.D., San Francisco, Cal.

Thursday, June 22, 1922.

The business session was called to order at 8:30 by the president, Dr. E. G. Sharp.

The following resolution was read by the secretary:

Resolved, That the National Eclectic Medical Association approve of the action of our Indiana Society in requesting the Trustees of the Indiana University to establish a chair of Eclectic Materia Medica and Therapeutics in the medical department, according to the original terms of agreement in the establishment of that medical department.

We also recommend that our members in other states seek the establishment of such chairs of instruction in state universities wherever possible,

particularly where universities conduct medical departments giving two years instruction only.

J. W. Kannel,
Wm. P. Best,
C. A. Tindall.

This was referred to the House of Delegates.

Report of Committee on Credentials:

The Committee on Credentials recommend that we hold up the reinstatement of the following members (list herewith) on the ground that they have not complied with the Constitution.

We also recommend that all reinstatements be held up until the two years' dues are paid as demanded by the Constitution.

T. D. Adlerman,
D. E. Saxton.

Moved by Dr. J. K. Scudder that this report be adopted. Motion seconded and carried.

The report of Council on Medical Education was recommended for adoption. Moved by Dr. C. W. Holtzmuller that the report be adopted. Motion seconded and carried.

The House of Delegates, reporting on the resolution offered by Dr. J. C. Mitchell, read the following motion of Dr. E. G. Sharp:

That this communication be referred back to the Kentucky Society with the statement that the affairs of the National Association are conducted by a body of men, Eclectics in thought, principle and action, elected by the Association, and who are trying to conduct it for what they believe to be the best interests of Eclecticism in the United States.

Moved by Dr. Felter that this report be adopted. Motion seconded and carried.

Report of the House of Delegates in regard to Dr. Helbing's resolution regarding interpretative measures: The House recommends the adoption of this resolution. Moved by Dr. D. E. Saxton that this report be adopted. Motion seconded and carried.

The business session adjourned.

Section IV—Surgery.

E. B. Shewman, M.D., Cincinnati, O., presiding.

Anesthesia.....Fred. W. Finlaw, M.D., Indianapolis, Ind.

Discussion: Drs. N. A. Graves, Byron Nellans, E. B. Shewman and T. D. Hollingsworth.

The Intravenous Use of Sodium Iodide in Acute Infections,
C. B. Gardner, M.D., Bicknell, Ind.

Discussion: Drs. Hollingsworth, E. G. Sharp and Zell L. Baldwin.

Why Tonsils?.....J. W. Bower, M.D., Ft. Wayne, Ind.

Discussion by Drs. C. L. Johnstonbaugh, E. B. Shewman, C. B. Gardner, R. E. Holmes, H. P. Feaster, A. S. Stemler, J. B. Alexander, J. W. Kannel, W. P. Best, F. W. Moses, G. C. Porter, J. E. Holman, E. M. Morehouse.

Surgery vs. Radium for Treatment of Carcinoma of the Cervix,
E. B. Shewman, M.D., Cincinnati, O.
Discussion by Drs. F. W. Moses, M. F. Baldwin, A. S. Stemler, J. H. Holman and F. H. Wilmeth.

Abscess of the Liver.....J. W. Kannel, M.D., Ft. Wayne, Ind.
Discussed by Dr. Helbing.

Hematuria, with a Case Report..C. W. Holtzmuller, M.D., Farmersville, O.
Discussed by Drs. F. W. Moses, J. B. Alexander, Noble Younkin, J. G. Ross, F. L. Wilmeth and E. B. Shewman.

Varicose Ulcer.....G. R. Fromm, M.D., Cincinnati, O.
Discussion by Drs. Saxton and Turner.

Following the scientific session the business session again convened.

Moved by Dr. T. D. Adlerman that the report of the House of Delegates in regard to the election of officers be set as the order of business for Friday morning at 10 o'clock. Motion seconded and carried.

Report of Auditing Committee.

Indianapolis, June 22, 1922.

The Auditing Committee have examined the books of the Secretary and the Treasurer and find that they agree.

The balance on hand June 1, 1922, was $1,670.31, and the balanced bank books show this amount is on deposit in the name of this Association.

We note that Secretary Helbing and Treasurer Harvill both keep a card index of dues with the individual member. This entails quite a good deal of clerical work and is the reason that $50 was allowed last year and again this year for work done by Treasurer Harvill's stenographer. We consider this unnecessary duplication, and recommend the discontinuance of the card index accounting by the Treasurer. This is work properly done by the Secretary. If this Association adopts our recommendation there will be no use for this $50 yearly expense.

The Auditing Committee have audited the accounts of the Editor of the Quarterly and desire to report as follows:

Receipts		$2,057.00
Disbursements (as shown on back)	$1,986.85	
Balance salary due	175.00	
Stenographer's salary	100.00	
Postage	12.60	—$2.274.45
Deficit 1922		$ 217.45
Not credited		2.74
Actual deficit		$ 214.71

We find that Warrant 369, June 15, 1921, was paid to Dr. Mundy for deficit on last year's Quarterly. On page 25, September (1921) Quarterly, we find the Auditing Committee of last year reported the Quarterly deficit as $38.96—a discrepancy of $2.74. This is explained by Dr. Mundy as follows: He asked Secretary Helbing to cover a deficit of $41.70 in the middle of the fiscal year. The warrant for $41.70 was issued, but was delayed in transit, and Treasurer Harvill gave Dr. Mundy the check just before leaving Colorado Springs. Between the time of Dr. Mundy reporting

the deficit of $41.70 and its payment, enough miscellaneous receipts came into his hands to reduce the deficic to $38.96. Dr. Mundy neglected to enter the difference between these two amounts in this year's receipts. This $2.74 will reduce the 1922 deficit to $214.71, which we recommend be paid immediately.

J. C. Mitchell,
Morse Harrod,
Auditing Committee.

Moved by Dr. Mitchell that this report be adopted. Motion seconded and carried.

Moved by Dr. T. D. Adlerman that the $4.00 received from Drs. Jose De Gaetena and Jos. D. Riley, Tampa, Florida, be returned to them, as they were not accepted for membership. Motion seconded and carried.

The business session adjourned.

Thursday Afternoon, June 22, 1922.

The business session was called to order at 1:30 Thursday afternoon by the president, Dr. E. G. Sharp.

Report from House of Delegates on the resolution offered regarding a chair of Eclectic Medicine and Therapeutics in Indiana University. The house recommended its adoption. Moved by Dr. T. D. Adlerman that this report be adopted. Motion seconded and carried.

Report of Committee on President's Address:

Your committee, after reviewing the recommendations as given in the president's address, do fully concur with them and recommend their endorsement by the House of Delegates.

J. B. Matthews,
Z. T. Baldwin.

Moved by Dr. A. S. Stemler that this report be adopted. Motion seconded and carried.

Report of House of Delegates on Propaganda Committee report:

Article 2, regarding check signed by Dr. Best for $15.00 out of his personal account to pay committee stenographer. We recommend that this be returned to him from funds of Propaganda Committee.

We further recommend that the clerical and propaganda work of this committee be combined with the Recording Secretary's office, as suggested in Article 11.

We also recommend that the difference in salary of $5.00 per week paid to the stenographer by Dr. Best since February 18, 1922, be paid to Dr. Best out of committee funds, and that in the future $15.00 per week be allowed, as required, as salary for stenographer. (Article 12.)

We concur in committee's recommendations in regard to propaganda work among students in the Eclectic Medical College as set out in Article 15 of committee's report.

We also recommend that a vote of thanks be extended Drs. Best and Adlerman for their untiring and efficient work.

Orlando S. Coffin,
George M. Hite.

Moved by Dr. F. W. Moses that this report be adopted as a whole. Motion seconded and carried.

The business session adjourned.

SECTION ON SPECIALTIES.

DR. N. S. GRAVES, Chicago, Ill., presiding.

The following papers were read:

Pneumonia.....M. F. Baldwin, M.D., Marion, Ind.

Psychology.....J. C. Mitchell, M.D., Louisville, Ky.

Calcium in the Prevention and Healing of Tuberculosis,
Thomas Beasley, M.D., Indianapolis, Ind.

Discussion: Drs. Baldwin, H. H. Helbing, Wm. P. Best, W. S. Glenn, C. L. Johnstonbaugh, Byron Nellans and N. S. Graves.

Epilepsy.....Wm. P. Best, M.D., Indianapolis, Ind.

Discussion: Drs. Graves, Moses, Tindall, Sharp, Johnstonbaugh, Wilmeth and Hollingsworth.

Before adjournment the president appointed as a Committee on Resolutions: Drs. Byron Nellans, D. E. Saxton and George J. Olsson.

The convention adjourned until 8:30 A.M., Friday.

FRIDAY, JUNE 23, 1922.

The business session as called to order at 8:30 by the president.

Report of the Committee on Resolutions:

June 23, 1922.

Mr. President and Members of the Association:

The Committee on Resolutions, appointed yesterday, respectfully submit the following for your consideration:

1. That a vote of thanks be given to the Indiana State Eclectic Medical Association in appreciation of their hospitality, which has been a very positive factor in making this meeting so successful.

2. That a vote of thanks be given the Entertainment Committee for their thoroughly efficient manner of socially entertaining us.

3. That a vote of thanks be given to the Hotel Lincoln for all their courtesies extended.

4. That a vote of thanks be given the local press for the interest taken in the affairs of our Society and the publicity given same.

5. That a vote of thanks be given Dr. E. G. Sharp, his fellow officers and their co-workers, for their earnest and untiring work to make this meeting so successful.

6. That a vote of thanks be given the exhibitors, as follows:

Pitman-Moore Co., Indianapolis.	Maltbie Chemical Co., Newark, N. J.
Horovitz Chemical Co., Cincinnati.	J. U. Christ, Indianapolis.
Chas. H. Phillips Chem. Co., N. Y.	Westerfield Chem. Co., Dayton, O.
Max Wocher & Co., Cincinnati.	Underwood Chem. Co., Indianapolis.
W. S. Merrell Chem. Co., Cin'ti.	Dugan-Johnson Co., Indianapolis.
Mellins Food Co., Boston.	W. D. Allison Co., Indianapolis.
Saml. A. Crocker, Cincinnati.	Horlick Malted Milk Co., Racine.

Respectfully submitted,

BYRON H. NELLANS, Chairman.
D. E. SAXTON,
GEORGE J. OLSSON.

Moved by Dr. T. D. Adlerman, that the report be adopted. Motion seconded and carried.

The president read a letter from Alice Duncan, of Crawfordsville.

Crawfordsville, Ind.

Members of the Eclectic Association:

I never hear of a meeting of your body but I feel like I want to say "Hello." Fifty years ago, my father, J. R. Duncan, presided over a meeting of your association in Indianapolis, and as long as he lived he clung faithfully to Eclecticism. I presume there is none in your body now who remembers him, though he used to attend your yearly meetings whenever possible, and I feel like it is a pleasure to me to once more bring his name before the society which he loved so well.

Hoping the star of Eclecticism shall never grow dimmer,

I remain a friend, ALICE DUNCAN.

Moved by Dr. C. L. Johnstonbaugh that the secretary be instructed to write a letter to Alice Duncan in recognition of her thoughtfulness. Motion seconded and carried.

The business session adjourned.

The following papers were read in the Section on Gynecology and Obstetrics: "Obstetrical Experiences," Wm. P. Best, M.D., Indianapolis, Ind.; "Nephritis," A. T. Rank, M.D., Van Wert, O.

The final business session was held following the last meeting of the House of Delegates, and was called to order at 10:00 o'clock by the president, Dr. E. G. Sharp.

The president announced that the report of the Necrology Committee would be sent to the editor of the journal for publication.

Dr. F. L. Wilmeth offered the following resolution:

Resolved, That we call attention to the injustice to the returned Eclectic doctor in preventing his participation in the care of his returned soldiers.

Dr. J. K. Scudder announced that this had been informally discussed in the House of Delegates, and on motion of Dr. Wm. P. Best, duly seconded, the resolution was adopted, with the understanding that Dr. Wilmeth shall have the privilege of elaborating the resolution before publication.

Dr. J. K. Scudder made the report of the House of Delegates as to officers and place of meeting as follows:

President—Morse Harrod, Fort Wayne, Ind.

First Vice-President—D. E. Saxton, Tampa, Fla.

Second Vice-President—J. E. Holman, Indianapolis, Ind.

Third Vice-President—George M. Hite, Nashville, Tenn.

Recording Secretary—W. P. Best, Indianapolis, Ind.

Corresponding Secretary—W. N. Mundy, Forest, O.

Treasurer—J. P. Harvill, Nashville, Tenn.

Committee on Propaganda—W. P. Best, Indianapolis, Ind.; B. H. Nellans, Cincinnati, O.; J. C. Mitchell, Louisville, Ky.

Council on Education—T. D. Adlerman, New York City; C. L. Johnstonbaugh, Bethlehem, Pa.; F. L. Wilmeth, Lincoln, Neb.

Place of meeting for 1923: Waukesha, Wisconsin.

Moved by Dr. J. K. Scudder that the report be adopted. Motion seconded and carried.

At 11:00 o'clock the convention met again to hear the report of the House of Delegates, following which the newly elected officers were installed.

Dr. Morse Harrod: I do wish I had words at my command to thank you for the honor you have conferred upon me. However, I do not appreciate this more keenly than I do the responsibilities connected with this office. The meeting just closed, under the direction of Dr. Sharp, has been a grand success, and it will be our aim to make the next meeting even a greater success than this in advancing the cause of specific diagnosis, medication and Eclecticism. It will be impossible for your president to do this alone. It will require the combined efforts of each and every member to accomplish this end. I wish to thank you again for this great honor.

Dr. E. G. Sharp: Dr. Harrod, I assure you it is a real pleasure to submit to you the gavel of the president of this Association, realizing as I do that the interests of the Association rest in safe hands.

The convention adjourned, to meet in Waukesha, Wisconsin, in 1923.

W. N. Mundy, *Sec'y.*

Applications for Membership.

Report of Committee of Credentials.

Arkansas

Elias Kram, Kansas City, Mo.

California

John L. Berry, Bell, Cal.
Chas. H. Upton.

Connecticut

James W. Bush, New Britain, Conn.
Harry H. Weis, Bridgeport, Conn.
Julius P. Karp, Hartford, Conn.
Pasquale Romeo, Bridgeport, Conn.
H. Joseph Blake, Seymour, Conn.

Florida

M. R. Mackey, Macclenney, Fla.
J. J. Heitz, Sanford, Fla.
F. T. Shyne, Lakeland, Fla.
P. C. Ronney, Leesburg, Fla.

Illinois

J. H. Greer, Chicago, Ill.
Richard I. King, Pontiac, Ill.

Indiana

Noble Younkin, Magley, Ind.
O. J. Dellett, Indianapolis, Ind.
Everett A. Rainey, Lebanon, Ind.
A. A. Shanahan, Marion, Ind.
Geo. L. McNeal, Kokomo, Ind.
Howard C. Hart, Russiaville, Ind.
P. L. Younkin, Magley, Ind.

Kansas

H. T. Davidson, Wichita, Kan.
O. M. Clarke, Lane, Kan.

Kentucky

Allen E. Howe, Grant's Lick, Ky.
Wales Brown, Ordinary, Ky.

Michigan

M. R. Lyman, Bad Axe, Mich.
Chas. A. Fletcher, Kalamazoo, Mich.

New York

Wm. Newman, Brooklyn, N. Y.
Jos. A. Squillace, Brooklyn, N. Y.
Theodosia F. Schoney, Brooklyn.
J. Robinson, Coney Island, N. Y.
Jacob Ohlbaum, New York City.
Clarence Ohlbaum, Brooklyn, N. Y.
Lazarus Lipschitz, New York City.
James J. Foley, New York City.
David Freeman, New York City.
O. L. Friedman, New York City.
Ercole Fiore, New York City.
Simon Bloom, New York City.
R. G. Bell, Buffalo, N. Y.
Walton Hovey, Buffalo, N. Y.
Abraham Cohan, Springfield, Mass.
J. Oliver Perry, Bedford Hills, N. Y.
I. Slamovitz, New York City.

Reuben Ploss, New York City.
James S. Couden, Yonkers, N. Y.
Hyman Bashein, Brooklyn, N. Y.

Ohio

F. A. Fisher, Cincinnati, O.
Chas. W. Larkins, Cincinnati, O.
T. P. Delventhal, Napoleon, O.
G. W. DeWitt Astler, Cincinnati, O.
W. S. Holly, Toledo, O.
Geo. W. DeMuth, Sherwood, O.
J. W. Salisbury, Toledo, O.
Wm. J. Ledwin, Cincinnati, O.
Wayne E. Young, Mansfield, O.
R. M. Pierson, Celina, O.
W. K. Smith, Middletown, O.
F. N. Smith, Dalton, O.
B. M. Warne, Senecaville, O.

Oklahoma

Agnes T. Mutz, Bristow, Okla.

Pennsylvania

E. D. Geer.
Earl K. Conrad, Johnstown, Pa.
F. H. Long.

Texas

C. W. Hickman, Katy, Texas.
J. W. McDonald, Palestine, Texas.

We recommend that the above be enrolled as members, save only in the exceptions indicated.

T. D. Adlerman,
D. E. Saxton,
C. A. Tindall,
Committee.

Reinstatements of Members.

F. E. Gavlos, Bridgeport, Conn.
Jno. L. Cooley, Marion, Kan.
C. S. Wolfe, Topeka, Kan.
W. S. Gordon, Converse, Ind.
W. S. Reasoner, Swayzee, Ind.
E. Ciotola, Chicago, Ill.
C. B. Dean, Waco, Mo.
G. A. Steele, Lucerne, Mo.
J. B. Atchley, Lebanon, Mo.
W. P. Duckworth, Caledonia, Mo.
C. M. Steward, Kansas City, Mo.
R. L. Hudspeth, Rodeo, N. Mex.
Anna W. Bloomer. New York City.
A. S. Gombar, New York City.
W. H. Ambrose, New Petersburg, O.
J. L. Payne, Cincinnati, O.
A. J. Nunnamaker, Cincinnati, O.
F. M. Wurtsbaugh, Richwood, O.
J. L. Hurst, Dorset, O.
B. K. Wood, Oklahoma City, Okla.
C. R. Bittner, Hooversville, Pa.
F. L. Moorehouse, Morocco, Ind.
E. P. Zeumer, Cincinnati, O.
H. H. Humphrey, Jacksonville, Fla.

The Committee on Credentials recommend that all reinstatements be held up until the two years' dues are paid as required by the Constitution and By-Laws.

T. D. Adlerman,
D. E. Saxton,
C. A. Tindall.
Committee.

Request for Exemption.

W. W. Wilmer, Prescott, Ariz., member of Texas Society, is in a tuberculosis hospital.

We recommend that this request be granted and that he be exempted from further payment of dues.

T. D. Adlerman,
C. A. Tindall,
D. E. Saxton,
Committee.

PRESIDENT'S ADDRESS.

E. G. Sharp, M.D., Guthrie, Okla.

Ladies and Gentlemen: Permit me at the beginning of this address to express to you my thanks and deep appreciation for the honor conferred upon me by the 1921 meeting of this Association in electing me as its presiding officer, and to assure you that while I deeply appreciate this honor, I have not been unmindful of the responsibilities of the position and have done what I could in my feeble way to advance the interests of our Association and of progressive medicine, and I wish here to express my deep appreciation of the loyal co-operation and assistance that I have received from my fellow officers, and to whom I must in a large measure give the credit of whatever success this meeting proves to be.

It is to me a source of real pleasure that for over twenty years I have been able to attend every annual session of this national body and enjoy the acquaintance and communion with the leaders of Eclectic thought of the present time as well as with many of those of former years who have passed into that great unknown Beyond. Many are the changes that have come in the fields of medicine and surgery in that almost quarter of a century, most of which seem to me to have been for the improvement of the science of medicine and in the interests of the health of the people.

There have also been many changes in the theories as to the cause of the various diseases and epidemics, but gradually the faithful, loyal laborers along these lines who are giving their lives to this work have established beyond question the cause of many of the variations from the normal healthy standard; however, there is yet much—very much—to be learned.

The practice of the healing art is today, as it has ever been, in the hands of the few who by natural adaptation and inclination and especial preparation are fitted for this work. From the earliest dawn of history, disease, so-called, has been a study worthy the best efforts of the best men of all times, and as the antagonist of life ever presents in its mysterious forms an ever interesting study.

Human life in its perfect form is marked by a condition that we call health, and the variations from the normal healthy standard represent all the forms of wrong life that we call disease, the causes of which in the earlier history of mankind were attributed to demons and devils which possessed the individual; and the theory that disease was an entity, a demon or devil to be driven out, has ever until recently been accepted, and even yet among the more ignorant of humanity is still so recognized.

Prejudice, that bane of human progress, has ever been marked among the devotees of the healing art, and ever has—probably ever will—do much to prevent real progress in the development of the true science of medicine, as evidenced by the persecution of practically every man who has had the audacity to first declare any of the great and now well-established truths of anatomy and physiology, as evidenced in the circulation of the blood by Harvey, and many others which we will not take the time to mention.

In direct line with these came the barbarities practiced in the name of regular medicine, supposed to assist in overcoming disease, such as bleeding, blistering, purging, salivation with mercury and the denial of water to drink except in scant quantities, and of the bath to fever-ridden patients—all depleting measures that we now know and recognize as tending to lower the recuperative powers of nature and lessen the patient's chances for recovery and restoration to health.

In opposition to these there arose a protest against means and measures of treating the sick that tended to lower the vital forces by the above-mentioned means, and as the successors of those who so valiantly protested against these depleting and life-destroying measures, we, the Eclectic physicians of yesterday and today—in the past hundred years—have developed a system of healing that stands today, and in my humble opinion will stand for all time as infallibly correct, and far superior to the line of theory and practice of the dominant school of medicine, which is based on the results of experiments on lower animals instead of bedside and clinical findings, and on their accepted theory that disease is due to this or that microbe, which may be the cause or the result of the pathologic process, or, in fact, may be nature's scavenger to clear up the waste of the pathologic process rather than the cause of the disease itself.

Not that we would deny any of the proven facts of the microbic origin of disease, but that we do not blindly accept the theory in each particular instance until it is proven beyond the shadow of a doubt, as in many instances is not yet done.

As a body of physicians representing that system of practice known as Eclectic, we are in convention here assembled for the purpose of professional communion; to increase our knowledge by exchange of thought and experiences; to read and discuss papers written by members of our Association on various subjects of interest to the medical profession, and to devise ways and means to improve our organization, extend its activities and make every Eclectic a stronger advocate of Eclecticism, and to encourage a closer organization, for organization is necessary to the success of any movement.

In this connection permit me to suggest that we must support our college or colleges, for to say we are Eclectic physicians and not be able to point to an Eclectic college where a student can become an Eclectic physician would be humiliating indeed.

Therefore it is our duty for our own protection to support one or more Eclectic colleges, and to do it in such a way that we can point with pride to them as a place where a student desiring to become an Eclectic physician can do so creditably.

We must see to it that our mixed state boards do not discriminate against our school in their rulings and actions, and it is my opinion, based on my own personal experience, that while this is a matter of politics, and three or four live wires working together can accomplish this result if they will put forth the required amount of energy, and that they can prevent adverse legislation by the same active work.

Here also permit me to call your attention to the fact that we have one Eclectic college that is recognized all over this country and in foreign countries and that is the property of the alumni of the college, and as such must receive the united support of all of its graduates in order to retain the creditable standing that we desire to see it maintain.

Quoting from one of our lately deceased leaders, "We represent that school or system of medicine and surgery which includes within its curriculum all of those teachings in this field which are accepted and included by all schools as essential to the prevention and treatment of disease. In addition to this, we include as the most essential branch of the curriculum, basically important and primarily demanded—a thorough study at the bedside or clinical observation; the most thorough investigation of the materia medica as a means to the important end of curing disease, and the adaptation of the individual agents in the materia medica and the determination of the innate properties of each remedy for this purpose."

My brother Eclectics, our system of medicine came into existence in response to a demand from the people for something definite—some scientific system of applying remedial agents for the relief of symptoms and the cure of disease—and, while enduring all the calumny and persecution that a dominant and prejudiced majority school could heap upon it, has ever stood and now stands as the one system that represents the scientific application of remedial agents for the relief of symptoms and the cure of disease, and under the fostering care of the leaders of Eclectic thought has developed into a system of medical practice that is looked on with favor by every unprejudiced investigator, be he physician or layman.

Permit me to quote from the Presidential address of Dr. Glenn before this body at our meeting in 1914: "The Eclectic school of medicine has done more to leaven the entire practice of medicine than all other schools combined. Take any therapeutic journal of today, no matter of what school, and you will find more or less Eclecticism in it. The whole world is in debt to Eclectics for the present pleasant medication, and if it was known and understood the debt would be paid, in a measure at least, by endowments to our colleges and students to fill them to overflowing." And I wish to re-emphasize his statement as being true at that time and more true today.

Discrimination, bigotry and intolerance on the part of the dominant school toward therapeutics has done more to bring about in this country a profession of medical nihilists and drugless healers than all other combined causes —a condition which, while deplorable in itself and detrimental to the best interests of humanity, we as Eclectics are free from being in any sense responsible for.

I desire to say emphatically that the attitude of the leaders of the majority school of medicine of this country in gradually raising the educational requirements for the securing of license to practice medicine to a point intended to make super-doctors of those who follow the profession of the practice of medicine is largely responsible for the condition in this country of too few qualified physicians to supply the crying demand of the people for

reasonably competent medical service, and in response to the law of supply and demand that rules the universe have come hordes of men and women who under the guise of drugless healers, osteopaths, chiropractors and kindred healers of disease, are taking the place with the people of the reputable, well-intentioned, legally licensed medical practitioner and family physician of the past.

I realize that the foregoing statement, improperly interpreted, may even sound revolutionary to some minds here, and as opposed to higher education, but it is only intended to call attention to the fact that we are facing a condition and not a theory, and that condition is that the super-requirements imposed by the medical colleges on their students to secure degrees and on the doctors of the states to enable them to secure licenses are becoming such as to prevent men and women from entering the field of medicine, and the already evident result is that today the medical profession is not producing a sufficient number of new graduates to supply the ranks as decimated by death of the older licensed practitioners, and unless there is a change made in the requirements the result is bound to be a lowering of the educational standard of the whole number of those who practice the healing art, with and without drugs, and a loss of confidence on the part of the people in the profession as a whole.

The solution of this unpleasant condition is to so arrange the requirements for admission to the ranks of the medical profession that there will be an incentive to men and women who by natural adaptation would like to enter the profession of medicine but are barred by such high entrance requirements and by the fact that they must be wealthy in order to take to completion a medical course that will enable them to enter the practice and secure a livelihood therefrom.

Different schools of medical thought will exist, some developing along one line and some along another, until the millennium arrives, or until men reach the point of open-minded tolerance where they will respect the opinion of him who differs from them; then will there cease to be obstacles thrown in the way of unhampered thought along any line, medical or otherwise.

Eclecticism has done most along the lines of the development of therapeutics, and Eclectic physicians are therapeutic optimists as opposed to surgical faddists and medical nihilists who dominate and control the old school.

While our old-school brethren have wrought in the field of theory and have done and are doing much good along those lines, and have given stress to surgical development, we as Eclectics have much cause to be proud of our achievements along therapeutic lines, and the Eclectic physician who does not take pride in the fact that his medical teaching was Eclectic and what it has accomplished for suffering humanity is, in my opinion, a moral coward who is unworthy the success that is within his reach as a physician; and to me to be one of a minority school of medicine has never deterred me from standing for the principles of Eclecticism.

The past of Eclecticism, with its history of the struggles and labors of the pioneers, is a record for the present-day Eclectic to be proud of.

The present status of Eclecticism is that the "Odium of Eclecticism," with its persecution and ostracism, is but a memory, and the future of Eclecticism is all before us and what we make of it.

Eclecticism, holding ever in mind the safety and comfort of the patient and the sacredness of human life, and applying Nature's remedies in accordance with Nature's laws, will continue to develop as a scientific system of medicine for all future time.

THE RELATION OF CALCIUM TO THE PREVENTION AND HEALING OF TUBERCULOSIS.

THOS. J. BEASLEY, M.D., INDIANAPOLIS, IND.

That calcium bears a definite relation to the healing of tuberculous lesions must be apparent to all who are familiar with the pathology of this disease. The skiagraphic and fluoroscopic examinations of the lungs of tuberculous subjects have added much to our knowledge of the role that calcium plays not only in the cure, but also in the prevention of tuberculosis.

One need not go far in his reasoning to find proof that this must be true. If we are to agree, as apparently we must, with such investigators as Dunham,[1] that the primary infection of pulmonary tuberculosis usually occurs in the bronchial lymph glands, and upon the dissolution of these glands the infection is carried by the outward flowing lymph streams to the periphery of the lungs and there establishes a definite detectable area of infection, then the role played by the deposit of calcium in these infected bronchial lymph glands is an important one in the prevention of tuberculosis. When the infection is confined to these glands, if there be sufficient and prompt deposit of calcium to limit the infection, and hence by their calcification prevent the disease from going beyond these glands, which are the first barrier of defense, then we can readily see that calcium does bear a definite relation to the prevention of tuberculosis. The individual who is fortunate enough to have the disease stopped at this point is spared the danger that besets him if the infection goes beyond these glands and becomes established as an active destructive process, involving the parenchymatous structure of the lungs.

In this connection we must consider that were it not for the role that calcium plays in the arrestment of tuberculous infections in the bronchial lymph glands, that this disease would soon annihilate the race. Surely this statement is not an over-estimation when we consider the large percentage of adults who show that through the use of calcium in this manner they have been spared from destruction by this disease. Hence, it would seem that calcium does bear a very positive and definite relation to the prevention of tuberculous infection of parenchymatous tissue of the lungs, by the deposit of compounds of this base in the bronchial lymph glands, thus preventing its invasion of the lungs themselves.

If the infection is not arrested in the bronchial lymph glands, and does invade the lung tissue, we find that the organism continues to make use of

the deposit of calcium in its attempt to stay the spread of the infection. A study of calcium as thus used by the organism should lead us to a better understanding of its relation to the healing of tuberculous lesions.

If we would attempt to understand the manner in which calcium is used by the organism in its effort to heal tuberculous lesions by that peculiar phenomenon, the deposit of compounds of this base in infected areas, we must consider primarily the chemistry of the tubercle bacillus; the chemistry of the tissues it invades, and likewise the chemistry of the compounds of this base, and by the correlation of these chemical entities we can better comprehend the process which nature is attempting to use in the arrestment of the disease. Such a study will at least give us a better understanding of this process than that which now prevails. Universally, such terms as "calcification," "lining up" and "walling off" are used. These crude terms refer only to the gross mechanical result of the deposit of calcium in tuberculous areas, but give no thought to the purpose that the organism is attempting to accomplish. Therefore, it would apear that if we would study this phenomenon and come to a better understanding of its purpose, enlightenment upon this lead which nature itself takes in healing tuberculous lesions, if perchance by any means we could aid the organism in its efforts, should bring us closer to a definite treatment for tuberculosis.

If we would carefully consider what actually happens in the development of a primary tubercle, with its myriad of tubercle bacilli surrounded as they are with their fatty acid capsule, it would appear that they must be able to change the chemistry of the immediately adjacent tissues from the normal alkaline state to an acid state, thus producing what might be called a localized acidosis, and as the disease progresses this battle of acids and alkaline goes on, until in the terminal stages of the disease we find the tide running fast in the direction of the acid state. It is then allowable to act upon the hypothetical assumption that this bacillus, with its marked fatty acid structure, is capable of producing in tissues which it infects a localized acid state, and that the organism does deposit calcium in these lesions for the purpose, not, as has been thought heretofore, of walling off and calcifying these areas primarily, but attempts to concentrate there an excessive amount of alkaline substance for the purpose of counteracting the effects of the acids of this bacillus upon the surrounding tissues. Therefore, if these deductions seem rational, it would be supposed that in supplying the system with an abundance of calcium, the blood salt, which for some peculiar reason nature chooses to use, we would be aiding in the production of a chemical state which is inimical to the environment of the tubercle bacilli.

During the last twelve years, in which the writer has been studying the relation of calcium to the healing of tuberculous lesions, he has observed the clotting time of the blood of many tuberculous patients, and has come to regard that in ratio to the time the disease has existed and the extensiveness with which it has progressed, the coagulation time of the blood is prolonged. The observation of this fact has led to his empirical use of calcium in the treatment of his patients. The rationale of this procedure has been confirmed

by the common observation that patients to whom calcium is administered, who show a prolonged coagulation time, invariably show in due time a return to normal, or even less than normal coagulation time. This has been interpreted in an empirical way to mean that there is an apparent deficient supply of calcium in the blood of the tuberculous, and that its administration restores this deficiency.

The writer has made extensive study and use of the various salts of calcium in the treatment of tuberculosis,[2] and since 1913 has administered calcium chloride intravenously in selected cases, and the results in many cases so treated have convinced him that this procedure is beneficial. The series of patients has been sufficiently large, and the observation has extended over a time long enough to warrant the conclusion that this agent can be classed as an aid in the treatment of tuberculosis. The technique of injection, preparation of solution and dosage was published in detail in the *New York Medical Journal,* July issue, 1917.

This method has been used by other workers, especially in the treatment of intestinal tuberculosis, and they have reported excellent results.[3 4 5] The writer has used this method in only one case of intestinal tuberculosis. This patient attained an apparent cure, which is now of two years' duration.

There are certain distinct disadvantages in the intravenous use of this preparation in the treatment of tuberculous patients. No matter how perfect the technique, how carefully the solution is prepared, nor how carefully patients are selected, many will react violently to the injections, and until such time as we are able to overcome this disadvantage the field of usefulness of this procedure will be limited.

The writer has frequently made the observation that excellent results would follow the administration of calcium in many patients in which all other remedies had failed. But likewise he has observed it to also fail to be of benefit in many cases in which it would be expected to do at least some good. These observations have forced the conclusion that there must be some entity lacking within the patient's economy that prevented the action of calcium in playing its role in being deposited in the infected areas. The study of the relation of calcium to rickets, and the recent observations of Shipley, Park, McCollum, Simmons and Parsons,[6] in which they state in their experiments that "Ocular and conclusive evidence of the specific beneficial effect of cod-liver oil on rats suffering with experimental rachitis, in that some substance in cod-liver oil caused calcium to be deposited in the same fashion in which deposition occurs in spontaneous healing in man." Premister, Miller and Bonar[7] observe that phosphorus and cod-liver oil in some way restore the power of normal ossification which in rickets is temporarily lost. "In the case of cod-liver oil," they state, "the result might be attributed to the presence of fat soluble (vitamine) A."

A study of the conclusions of these workers in the field of rickets may afford a better understanding of the failure on the part of the organism in many instances to deposit calcium in sufficient quantities, not only in the primary tuberculous infections of the bronchial glands, but the absence of

this entity, apparently found in cod-liver oil, may also account for the failure of the further protective influence of calcium manifesting itself in combating the disease after it has gained a start in the parenchymatous structure of the lungs.

A further perusal of this thought brings us to a consideration of the now nearly discontinued empirical use of cod-liver oil in the treatment of tuberculosis. Up to the last decade no other remedy was so universally used in the treatment of tuberculosis, and no one can doubt but that the generation of physicians who preceded us did much good with this preparation in the treatment of this disease, and one need not go far to find an explanation for its discontinuance, when we think of the progress modern pharmacy has made in the production of tasteful and attractive pharmaceutical products. Hence, we now have a clientele that objects to the offensive appearance and taste of cod-liver oil, to say nothing of the certain objective features it has upon the function of digestion.

In the new light in which we can now view the therapeutic value of cod-liver oil as related to rickets, may we not conclude that the empirical use of this product in the treatment of tuberculosis has been misunderstood, and that its real value is not found in that it added to the patient's nutrition and afforded a means of maintaining body weight by its ingestion as a fat, but that in the preparation is to be found a substance which causes in tuberculosis, is it does in rickets, the fixation of calcium?

Hoping to gain for my patients the advantage, which to me now is more apparent than ever before, that calcium does bear a fixed and definite relation to the prevention of active tuberculosis, and acts as an aid in the healing of tuberculous lesions, I have sought to combine calcium with cod-liver oil, believing that in this preparation is to be found a substance which will produce better results than can be obtained by the use of calcium alone. To five grains of anhydrous calcium chloride, together with sixty minims of cod-liver oil, I have added one grain of iron. It is intended this last element will take care of the anemia which is constant with these patients. One dose is administered after each meal.

Let no one suppose that these suggestions are offered as a cure for tuberculosis, but are to be used only as an aid in conjunction with all of the established and recognized measures that have proved of value in the past.

These suggestions I submit in the hope that they may arouse interest in others in the field of phthisiotherapy, that out of the combined effort of us all may come improvement in the treatment of tuberculosis.

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DISCUSSION.

Dr. Z. T. Baldwin (Kalamazoo, Mich.) : I think if Ex-President Roosevelt were here he would say "Bully!" which is a good expression for this paper we have had today. The author's experience is only exceeded by his sincerity. What he has said here today is worthy the careful attention of every man present and every patient he comes in contact with, whether the case is fully developed or in its infancy.

The use of lime in these cases is absolutely good because of the acidosis. If you examine any case of tuberculosis you will find that the acidosis is proportionate to the severity of the case. The litmus paper is a very poor measure of acidosis and is comparatively unworthy of your attention. These cases not only need alkaline, but they need lime. The lime is taken up by the system physiology, twenty-two grains to the hundred pounds weight; but, on the other hand, there is sufficient acidosis in the system to require lime to be taken in excess to overcome the general acidosis.

The author also speaks of the use of lime intravenously. This evidently has a much finer colloidal effect upon the lung tissue than we get in any other way. The effect of lime can also be mentioned in its colloidal form in the experiments of Dr. Auld, of Philadelphia, who has shown that the colloid runs along the top of the nerve and covers it like an insulation, and if you want to get good neural connection with the brain you must have good insulation. The lime is the insulant, and unless it is there you will not get the message through.

The doctor spoke about the lime preparation, and also about cod-liver oil, which brings out the fact that one of the principles of cod-liver oil is its iodine content, which contains one of the mineral salts of the body essential to the stimulation of the hormones and also of the general system.

He speaks also of the use of lime in tubercular cases. That lime should have been begun in babyhood and thereafter. Why? Because the system needs it. The body selects the normal mineral salts and eliminates the rest, so it does not make much difference how much lime you have, so you have sufficient for the physiological economy. Along with this should go two or three other salts of the body taken continuously if you wish to get good results in this as well as other diseases. The author has seen farm life, I am sure, and has observed farms that have been starved for lime content. The soil is acid, and the only way to bring it back is by supplying more lime. That is also true of the body in the basic condition, especially where there is a suspicion of tuberculosis. There is no disease that will interfere with the basic alkalinity of the blood like syphilis. There is a soil upon which it grows. It is an acid soil, and unless you supply the mineral salts you will not get the final results you are after. Every man who has had anything to do with tuberculosis knows that after the main part of the disease has been arrested there is not the activity and force that there was before. Why? Because there has not been the assimilation of the salts of the body in their proper proportion. They do not get the food for it. We are starving our children on white bread and feeding the farm animals all the bran, the calcium and potash salts, etc. We are taking the muscular part of the wheat and throwing away the essential part. That part to me is very essential in the future treatment of cases of tuberculosis.

Dr. H. H. Helbing (St. Louis) : Dr. Beasley and Dr. Baldwin have covered the ground pretty thoroughly and leave but little to be said. I was especially interested in Dr. Beasley's treatment with chloride of calcium, and particularly the statement that there was such a severe shock following its use. The thought went through my mind, would it be possible to use another

salt of calcium and not have the shock follow? I have never used the chloride of calcium intravenously. My intravenous remedy has been salicylic acid. My work has not been so extensive in the treatment of tuberculosis, on account of giving my time to another work in medicine and surgery. The only reason why I use phosphate of sodium with salicylic acid is that it contains a certain amount of phosphate. I wonder if phosphate of calcium might not be substituted for chloride if it could be prepared in solution in some way.

The scientific work that Dr. Beasley has done is, I think, to be praised, because in this day and time we can not expect to give remedies and make our reports simply on the basis of symptomatic improvement. There must be scientific results shown before the profession will accept it. We must be ready to state exactly and definitely just what improvement we have had in that direction, and demonstrate it in the laboratory. So I say that Dr. Beasley's work is deep and thorough; but I think if we can help him to select a different salt of calcium possibly we will help him in getting more improvement and away from the shock to the patient. The patients do not like to take a remedy that causes such deletrious results; it is really a drawback in the treatment.

I am very glad to have been here and heard the paper and discussion.

Dr. William P. Best (Indianapolis): I feel like felicitating myself upon having introduced Dr. Beasley to Dr. Graves and having him with us to give us the results of his long experience along this line. I have a good deal of confidence in Dr. Beasley's experience and in his ability, and I am very glad, indeed, to have heard him.

Some of the things he said awakened in my mind some questions, one of which is how extensive may these lime deposits become, how solid, and why they break down subsequently and are expelled by coughing? I have one patient who has coughed up two or three pieces of lime as large as the end of my little finger—not globular in form, as part of the lime is washed away. They were coughed out at a time when the patient had a severe hemorrhage. I sent these specimens to the Board of Health and they reported that they found nothing in them but lime. So I am sure that Dr. Beasley's ideas and statements are proven by the facts that I have observed in these cases, regardless of any scientific data he might produce.

There is another question of intense interest. I do not know how many have observed the fact, but it is true, nevertheless, that in many cases expectant mothers are exceedingly acid. They have acid toxemia, and it is nearly always a forerunner of trouble with eclampsia, especially if they go without treatment. It is a question how much is due to the absence of lime. A doctor down in Texas bases his treatment of these cases with lime on a different theory. He argues that the growing child demands lime and takes it away from the mother at the expense of her bony system if her system did not otherwise provide lime. For that reason he gave lime internally to expectant mothers, looking to the end-result of preventing eclampsia. It seems to me now more than reasonable to expect that he was not as nearly correct as the theory presented here in regard to tuberculosis, where we have the acidosis relieved by lime, consequently allowing the mother to go to full term without results which in many instances might prove fatal.

Dr. W. S. Glenn (State College, Pa.): I would like to ask a question. Why would it not be well to have the patient inhale the fumes of lime in pulmonary tuberculosis? For years we have had patients with whooping-cough treated by having the mother take a lump of lime—a pound or two—and throw a little water on it and when it begins to slack hold the baby over that.

In one day the whooping-cough will be gone. In two or three days the older children are through with their whooping cough. In our section of country there are many lime kilns, and we learned to let the children with whooping-cough go into the kiln when they are drawing out the fresh lime and inhale the fumes, and they no longer had whooping-cough. I think it is reasonable to think that in pulmonary tuberculosis inhaling lime fumes three or four times a day might benefit them.

Dr. Thomas Beasley: In lime kiln workers have you noted the incidence of tuberculosis to be less than in other occupations?

Dr. Glenn: I have never known a lime kiln worker to have tuberculosis.

Dr. C. L. Johnstonbaugh (Bethlehem, Pa.): I still think the principal action from inhalation or this other form of treatment is the iodine in the cod-liver oil. It is known that good cod-liver oil is very rich in iodine, and when you see the effect that iodine will have on the body metabolism you may change your lime salts to iodide of lime, which may work better.

Dr. Byron Nellans (Cincinnati, O.): I am very thankful to the gentlemen for the intelligent discussion we have had of tuberculosis. I have never had a case. I am in my infancy as far as observing tuberculosis is concerned, but I am deeply indebted to the essayist for the good points he has given me.

Dr. N. A. Graves (Chicago): I am certainly very grateful to Dr. Beasley for the talk he has given us this afternoon. If you remember the paper I read to you the other day relative to the treatment of tuberculosis and the few medicines I mentioned—among them was calcium and bicarbonate of soda. I give the bicarbonate of soda preference over any other alkalies that I give. It has seemed to me that it is the only remedy by which we can overcome this acidosis which is present to a greater or lesser extent in every case of pulmonary tuberculosis at some period or other, and sometimes in all periods. For that purpose I have used considerable quantities of soda bicarbonate. I give it constantly in greater or lesser doses to my patients suffering from pulmonary tuberculosis. This acidosis is invariably seen by the symptoms of a coated tongue, disagreeable breath, a certain amount of anorexia, and more than ordinary lassitude. Give bicarbonate of soda to such a patient suffering from tuberculosis and you will be surprised at the rapidity with which the condition will disappear because of overcoming this acid condition.

The doctor spoke also of the use of iron with calcium. Rarely do I give the two associated. I like to give some good soluble preparation of iron. I think the anemia of most of these patients is relieved by a good iron salt.

I am a little surprised at the attitude the doctor has taken relative to the intravenous use of calcium. The thing impresses me that he does not use it by the intravenous method, but rather by mouth. I believe there is a big field for intravenous medication in the treatment of tuberculosis, but these cases must be carefully selected and watched. Calcium is perhaps one of the best remedies to be given intravenously. But you will at least arrest a considerable number of cases if you take into consideration all of the methods and the medication that has been mentioned.

Dr. Thomas Beasley (closing): In regard to the expectoration of calcium deposits which Dr. Best speaks of, I think that could be interpreted to mean that deposit of calcium takes place in the lymphatic glands and in the parenchymatous structure of the lungs, where there would be more or less necrosis, causing a little loosening of the calcium deposits, which would be expectorated. I have seen several instances of that sort, but I never thought it was followed by any new manifestations on the part of the disease. I have seen that as the only symptom of tuberculosis. The patient would become alarmed and go to the doctor, and it would be found that he had tuberculosis.

In regard to the inhalation of lime dust, I built two or three machines twelve or thirteen years ago. I had a good machine, but it would not work. What is the reason? You get a deposit of calcium carbonate in the lung to heal the discharges, and the lungs try to rid themselves and it brings on coughing and annoyance. The lime worker where he is constantly inhaling the dust becomes accustomed to this, but not so the man who takes it as treatment.

In regard to the intravenous injections, I am not back-tracking. I give some intravenous injections. I am not hide-bound, but I will not go ahead with a proposition that I think should not be advocated, and I am not advocating the injection theory.

I had a chemist working with me and we have worked with every known salt of calcium, subcutaneously, intramuscularly and intravenously. If you prepare the solution of calcium fresh and give it right away you will not have much trouble. It is the old solution that causes the trouble intravenously. If some one would contribute to our knowledge of intravenous medication why it is that some patients are made sick it would be a great advantage. I am convinced that the intravenous route is the route, but I think it is a limited field until we come to a better understanding and find out what it is that causes the reaction.

I wish to thank you gentlemen very much for the kind manner in which you have received these few ideas that I have tried to present. I know they are radical. They may not be received kindly by every one, but there is this much to be said—it is immensely worth while. It is not enough to say you will give a patient good food and fresh air and rest, and stop there. Every one ought to be doing his level best along the line that looks the most productive to him, attempting to improve the treatment of tuberculosis. I thank you.

INTRAVENOUS MEDICATION FOR RHEUMATISM.

H. H. Helbing, M.D., St. Louis, Mo.

We all have stubborn cases of this wrong to treat, cases in which we are at our wits' ends to overcome the suffering and disablement of our patient for weeks and permaps months. The sufferer is the picture of despair, with loss of sleep from excruciating pain and the disturbed stomach from strong medication that is being given; surely, the picture is a familiar one. It is just such cases that I wish to help you with by suggesting that you try intravenous treatment.

The treatment that I have been using is especially applicable for the type of case with excessive uric acid, although it will help the septic type as well; however, to obtain a cure one must locate the source of the sepsis and remedy this condition.

The remedy that I am using is the same that I have been using for tuberculosis, except that I omit the inula-echinacea. The formula is as follows: ℞ Salicylic acid (natural), 92; phosphate sodium (dried), 94; glycerine, 51; aqua pura, 52. M. Boil until dissolved, then filter through cotton. There is usually a few grains of residue that can not be dissolved, so do not boil more than two or three minutes.

The above formula makes about 15 mils in quantity, so that it may be

given with a 20 mils syringe. It is not diluted, but used full strength. I use a 20-gauge needle for the injection on account of the viscosity of the fluid. A smaller needle may be used, but it requires greater force to inject it and endangers pushing the needle through the opposite wall of the vein while introducing the fluid. Sterile water may be added to the fluid sufficient to fill the syringe, if you desire.

Some physicians have written me that the above solution recrystallizes upon cooling. I have never had this trouble. I attribute that difficulty to their using crystals of phosphate sodium, or not being accurate in their weight.

Others have said that the injection causes the patient severe pain at site of injection. This will not occur if you introduce the solution into the vein. If the solution enters the tissues around the vein there will be an irritation caused. As soon as you find patient complaining of pain around the needle stop injection and withdraw needle and introduce it over again, using the other arm or a different site in the same arm. A good way is to use another syringe with distilled or sterile water and after you are sure you are in the vein, then attach your syringe with the solution and inject it.

In obstinate cases that may be of long standing this dose may be repeated in four or five days. My custom has been to give the second dose as soon as the patient finds that the pain is returning. In acute types of not too long standing I have found that two treatments are all this is required. It is surprising how quickly the patient will respond to the treatment. You may take a case where he has been unable to sleep for several nights without the use of morphia and after an injection of this remedy he sleeps fine, his pains are all relieved in an hour, he is able to move the affected joints, and, although knees and ankles are affected, he is able to get out of bed and walk. The swelling subsides rapidly and in a few days the patient is well.

You may think that this is an enormous dose of salicylic acid to put in the blood, but the sodium neutralizes it, and I have never had any serious consequences to follow its administration. I have given double the dose, or even as much as 90 grains of acid without harm to the patient. There may be a slight shock in some cases, followed by chill, nausea, ringing in the ears, shortness of breath, all of which symptoms soon pass away. There ought to be no more pain than the injection of morphia, and the quick relief it gives the patient makes him indeed grateful to you.

The question is asked, why not use sodium salicylate for these cases? The doses that are obtainable for intravenous use are so much smaller that I doubt whether you would get as good results. The dose of my formula, when you take into consideration the sodium used, would approximate 120 grains. I believe that the use of sodium phosphate in neutraliing the acid is a great advantage, in that it is a natural salt of the blood and it helps in the assimilation of the medicament. Ellingwood says in his Materia Medica that "Phosphate of sodium is the most powerful nutritive stimulant to the nervous system and a valuable nerve tonic, a trophic in the strictest sense,

as it supplies a needed constituent. For this effect it is given most often in its combinations." For these reasons I think that my formula is far superior to any other that you can now obtain for intravenous use. It is true that it is a little trouble to prepare, but your results justify you in taking the trouble to prepare it.

It is a well known fact that a patient suffering with rheumatism soon is prostrated and is in great need of a tonic, so that the prosphate principle is applicable to this condition, and I have noticed that they immediately have an improvement in their general health.

DISCUSSION.

Dr. George Olsson (New York City): Have you any trouble in dissolving the acid?

Dr. Helbing: We get a thorough solution; it is perfectly clear. There is a little residue in the solution, but you filter it out. It will keep indefinitely, although it will turn a little dark.

Dr. J. A. Burnett (Fremont, O.): Do you use it in all cases?

Dr. Helbing: In all cases but nephritics. It might be used, I believe, if it were thoroughly investigated, in puerperal septicemia, giving it in double doses. You can dilute it with saline solution and give it with gravity apparatus.

Dr. Zell L. Baldwin (Kalamazoo, Mich.): The subject of salicylate of soda is most interesting. I have not had the opportunity of treating the acute rheumatic cases the doctor speaks of, although I have had considerable experience with the use of salicylate of soda in the more chronic forms of rheumatism. I do not know what rheumatism is, I am frank to say.

One of the great uses of salicylic acid that is perhaps overlooked is its action upon the liver and the possibility of increasing the amount of gall secreted. Perhaps that is the reason we are getting the results we do from salicylic. It stimulates gall and produces intestinal asepsis, and that should be considered in all cases of rheumatism, because in all cases we have a marked acidosis, as shown by the saliva. The doctor says one or two doses are sufficient, but I do not agree with him. As I understand it, we must keep up the alkalinity. The dose the doctor speaks of is the dose required in order to get good anaphylaxis. It makes but little difference whether it is rheumatism or some other condition where you have acute and localized pain.

Dr. J. C. Mitchell (Louisville, Ky.): I used salicylic acid and guaiacol treatment for tuberculosis and in one case of rheumatism. The man was a bricklayer, a heavy eater, a cannibal, and was suffering very intensely. I gave him 40 grains of salicylic acid and 20 minims of guaiacol intravenously. He slept all evening, got up next day, took cold and had a relapse. I gave him a smaller dose and he stayed in bed for two days. That was five or six years ago, and to my knowledge he has not had rheumatism since. The action of the injection was almost immediate. He was one of the cases that had to be turned in a sheet, and a half hour after the injection he could move his joints. We had a wonderful result in that particular case.

Do not be afraid to use this medication intravenously. After you have used it two or three times you become accustomed to it. Get these remedies from the manufacturer and make them up according to Dr. Helbing's formula, or any other good one.

Dr. W. H. Wagoner (Peru, Ind.): Three or four years ago I was at the State convention, walking on crutches because of rheumatism. Finally I went to Dr. Baldwin's sanitarium and he gave me this intravenous treatment

he speaks of. He gave me two, then in two weeks another, and in two weeks another; then I took about three a year for a couple of years. If you can find any rheumatism about me any place I do not know where it is. Dr. Baldwin did it with his treatment. I have treated rheumatism, and also tuberculosis, with Dr. Baldwin's treatment, and I want to say that he put me back on the map, and I am very grateful. I never had an abscess. I had one severe chill. I always perspired freely, but only the one chill.

Dr. T. D. Hollingsworth (Akron, O.): I do not think any one will have an abscess if the doctor knows how to put in the needle. If you run it through the vein it might, but if you put the medication in the vein where it belongs you will not have any trouble.

MEDICINES I VALUE IN TUBERCULOSIS.

N. A. Graves, M.D., Chicago, Ill.

Just what is a medicine? A dictionary definition is "any substance taken into the body for the relief or cure of disease." This gives me a great deal of latitude, for there are few substances that have not been tried for the cure of tuberculosis. I do not know where the food line stops and the medicine line begins. We treat certain diseases with fruit and fresh vegetables; others with eggs and milk; others with mineral substances, all medicines and certainly all foods.

In fact, I believe all drugs and all medicines are foods for certain disease conditions, and these conditions which we call pathology are known by symptoms. If I am called to a case of infantile scurvy I give orange juice, potato water and cow's milk containing the essential food or medicinal elements which bring about recovery.

If called to a case of scarlet fever that has a hot, dry skin, rapid pulse, flushed face, bright eyes and restlessness, I give gelsemium. So do you. Do we give a food for some nerve center or some particular set of nerves? I do not know, but I do know that clinically this has been proven excellent medication, and that satisfactory results follow such treatment.

Out of the great number of substances that have been used for the cure of pulmonary tuberculosis, a few only have stood the test of clinical experience. Of these, calcium probably leads the list. It has been used for hundreds of years in various forms. A French physician in the nineteenth century caused some medical excitement by "curing" some cases of consumption which had been pronounced incurable. He gave them a certain water to drink, which proved to contain large quantities of lime and plenty of cow's milk.

Dr. Thomas Beasley, of this city, reports a considerable number of cases treated by calcium solution and given intravenously. His results are particularly good.

Drs. Ringer and Minor report about twenty cases of intestinal tuberculosis treated similarly, in which the results were much better than that obtained by any previous method of treatment.

Calcium may be used in any of its various forms, but the best results are from its use intravenously.

Sodium bicarbonate, in my opinion, comes next. Nearly every case of pulmonary tuberculosis suffers to a greater or less extent from hyperacidity. The tongue is coated, the breath disagreeable, there is anorexia and general lassitude—the symptoms of acidosis. Sodium bicarbonate, 10 to 20 grains in hot water, two or three times a day, is very helpful.

Iron is perhaps third in importance. More or less anemia is present. Iron may be given in foods or a fairly absorbable salt used, or it may be given intravenously.

Iodine is valuable where there is sepsis. Dr. John Ritter, of Chicago, has used this for many years and is fully convinced of its great value. He gives 10 to 40 drops in milk three or four times a day. His clinical results are good. It is given in septic cases and has indications similar to echinacea, which I often substitute.

Cod-liver oil I use occasionally. It contains certain substances, "possibly vitamines," which do very much for certain types of pulmonary tuberculosis. Many people take it well, a few can not. What has been said of cod-liver oil can be said of the various glycerophosphates.

I make use of the bitter tonics often. Nux, hydrastis, gentian, cinchona and others. Cinchona or its alkaloids should not be given where there is a tendency to hemorrhage. German physicians have been using barley gruel for the silica it contains and give good reports.

Tuberculin is not used in acute cases.

We may now consider some of the special symptoms. For the fever, aconite is useful. For pleuritic pain I use bryonia. Cough occasionally needs treatment. Hot drinks, glycerine, ammonia, ipecac, camphor, guaiacol, drosera or any of the solanaceæ group may be used to advantage. If the patient has a persistent, harassing cough, an occasional large dose of paregoric should be given.

Hemorrhage is treated by rest, posture, cold packs, coagulation serum, atropine and morphine, occasionally pneumothorax. Night sweats, when exhausting, call for atropine.

When diarrhea is considerable I use salol, bismuth, Syr. Rhei et Potassa Co. and paregoric.

Marked sepsis calls for iodine, guaiacol, echinacea or the salicylates.

In terminal cases I use opium or some derivative in sufficient doses to keep the patient comfortable.

In this paper I have briefly outlined the remedies I value in the treatment of pulmonary tuberculosis. There are many factors to be considered in every case. The general bodily functions must be kept at their best. The mouth, teeth, throat and nose and orifices of the body should be brought to as nearly a normal condition as possible.

Rest, physical and mental, should be had as long as fever persists.

Food should be of the best and the patient's appetite consulted.

Clean air should be constant.

Inunctions of animal oil once a day are valuable.

The mental condition must be studied and the patient receive hopeful encouragement.

The medical treatment is never to be neglected. The effect upon the patient is of great mental as well as physical value. No medicine or food should be given that is distasteful or disagreeable to the patient.

When all is said and done, in so far as we now know, we shall lose many cases, but in some the disease will be checked, a few will seemingly be cured and all will be helped.

DISCUSSION.

Dr. E. G. Sharp (Guthrie, Okla.): The doctor mentioned one remedy that I have used with a great deal of satisfaction in tuberculous abscesses. I do not know how it acts. It was recommended to me by a Homeopathic physician a number of years ago, and that is silica. I have in mind a case in which the patient was operated for a tuberculous condition of the hip ewelve or fourteen years before, and there continued a chronic abscess that discharged continually until about two years ago, when I put him on silica and continued it over a period of several months. The wound has not entirely healed, but the discharge is odorless, and it had been very offensive previously. It is now only about one-fourth the amount it was before. The patient, after his operation, would not submit to another, and it has seemed to me that we might get results from silica that we do not get from any other remedy in such cases.

Dr. D. E. Saxton (Tampa, Fla.): I suppose a great many of you wonder sometimes where to send your patients. I will give you a pointer that you will find is true. If you have a patient with tubercular trouble, inquire of that patient the kind of weather in which he feels best. You will find a great many feel better in dry, clear or cold weather, and such people as that should always go to a high altitude like Colorado. Then you will find another class of patients who feel better when it is rainy and warm and the air is moist. I know that from my own experience. From the time I was a boy I felt better on a warm, moist, rainy day in summer time. In the winter when it was cold and snowy I felt bad. Thirty-seven years ago I went to Florida with considerable pain in my lungs. My wife was suffering the same way. Both of us have perfectly recovered. I have noticed this thing for years, and some people who have left Florida and gone to a high, dry altitude have come back to Florida to the warm, moist atmosphere. In southern Florida we get the benefit of the Gulf Stream on both sides, and if you send your patients of this last group to Florida you will make no mistake.

Dr. C. L. Johnstonbaugh (Johnstown, Pa.): Dr. Graves spoke of a couple of remedies for consumption, and one of them was cod-liver oil. I believe he said he got results and did not know why. It has been found that cod-liver oil is very rich in iodine, and it is evidently the iodine that is doing the work, outside of the fattening process of the oil itself.

I have not been sent here by the shredded wheat biscuit people, but in any case where you need silica, feed them some shredded wheat biscuit, it being made up of the whole grain which contains the middlings and bran which is not eliminated in manufacture, and there is where you get some good results from the silica. In the development of young children I have very frequently started small children just as soon as they would take a shredded wheat biscuit in the morning, with cream, and you would be surprised to see how they will develop. I have seen the teeth develop from little notched teeth to very fine teeth from shredded wheat biscuit. I am not getting any commission from the shredded wheat biscuit people.

Dr. J. B. Matthews (Blue Mound, Ill.): I would like to ask Dr. Graves whether he ever used iodine ointment on the chest, and if he got any benefit from that.

Dr. N. A. Graves (closing): I have never used iodine ointment in the treatment of pulmonary tuberculosis.

SURGERY VS. RADIUM FOR TREATMENT OF CARCINOMA OF CERVIX.

E. B. Shewman, M.D., Cincinnati, O.

Inasmuch as carcinoma of the cervix constitutes 95 per cent. of all malignancies of the uterus, the treatment for its cure must necessitate a treatment for carcinoma of the cervix. Down through the years there has been voluminous literature upon the treatment of carcinoma of the cervix. Various methods have been devised, the subject has been discussed *pro* and *con* by the leading surgical exponents of the world. Cauterization, chemical application, complete extirpation, have had their day, and at the present time surgery is competing with the newer treatment, radium. As we scrutinize the literature of this country and that of the world, we are inclined to believe that the treatment of this lesion is still to a certain extent in its infancy, admitting that rapid progress has been made and that men who have devoted their energies to the elimination of this disease have had a varied amount of success.

Before entering into discussion of the treatment, one should consider the different types of carcinoma of cervix as to their malignancy; also the age of the individual plays a very important part in its rapid dissemination through the system.

In the early types of carcinoma of the cervix which has invaded one lip of the cervix in which the uterus is movable without any involvement of the vaginal tissues or any invasion into the cul-de-sac, the operative procedure in this case guarantees the cure in a large percentage of the cases with a very low mortality rate. When the lesions are more extensive, involving the entire cervix, invading the vaginal mucosa, reaching the base of the broad ligaments, with an accompanying decrease in the mobility of the uterus, the mortality rises to 20 per cent. in operative cases and only about 25 per cent. of the cases a permanent cure. When the mobility of the uterus is almost entirely lost, owing to an involvement of the broad ligaments, the cul-de-sac and extensive invasion into the perimetria, the mortality in these cases may reach as high as 60 per cent., with a metastatic recurrence as a rule, although with a very broad dissection there may be as much as 5 per cent. cures. The permanent cures in the operative method have in the last ten years increased from 10 per cent. up to as much as 33 per cent., due to a greater number of cases coming to operation early; extensive propaganda in the education of the laity to the ravages of cancer; due to a better and more thorough knowledge of the disease in its mode of invasion, with a consequent radical operative procedure which has been made possible by a more thorough technique than in former years, and the experience of the operator.

Wertheim's abdominal hysterectomy, with its many modifications, has given the best terminal results in the operative field, although the mortality in the early cases was extremely high. Under the improved conditions, the mortality has decreased until it does not at the present time exceed 15 per cent. It should be said with the strongest emphasis that the Wertheim operation is an operation to be done only by the most expert abdominal surgeons, because the wide dissection necessary in this procedure must involve the uncovering of the ureters, and very great difficulty in handling the veins that lie deep in the lateral pelvic wall demands large experience, masterly skill and delicacy, and calls for a very careful and brilliant illumination of the field. Even under the most careful dissection, the ureter is frequently injured, and the danger of peritonitis looms very prominently.

Cauterization, which is frequently done in the earlier carcinomas, to my way of thinking, is a mistake. While it may possibly be of some benefit in the very early suspicious carcinomas of the cervix, in the later cases it is of no benefit and gives very poor terminal results. It is appalling when we consider the large number of cases of carcinoma of the uterus with a large mortality, which is the result of procrastination on the part of the patient. It is also very discouraging when we are called in to take charge of an advanced case of this disease that we are unable to do anything beyond that of a palliative measure. Even in these cases which we are able to take care of we prolong the life and make comfortable 20 per cent. of the cases and secure a recovery in 5 per cent. of the cases. We have at least accomplished something of importance, although our percentage is not large; still, had we not interfered the mortality would have been 100 per cent.

Bonney, V., "The Radical Abdominal Operation for Carcinoma of the Cervix," (*British Medical Journal*), compares the results of one hundred cases previously reported by him and Berkely with his own series of one hundred cases on the basis of five years of freedom from recurrence.

The operation performed for carcinoma of the cervix was the most thorough possible, consisting in the removal of the uterus and its appendages, the upper half or two-thirds of the vagina, and the parametric and paravaginal tissues out to the pelvic side walls and down to the levator ani and the glands in the obturator fossæ and along the iliac vessels. The results are tabulated as follows:

	Author's series.	Joint series.
Died of operation	20	20
Died of recurrent growth	33	32
Died of other diseases	3	2
Lost sight of	4	7
Well after five years	40	39
	100	100

A comparison based on involvement of the regional glands is given in the following table:

	Glands carcinomatous.		Glands not carcinomatous.	
	Author's series.	Joint series.	Author's series.	Joint series.
Died of operation	9	9	11	11
Died of recurrent growth	17	16	17	16
Died of other diseases	1	1	2	1
Lost sight of	2	2	1	5
Well five or more years	9	7	31	32

The deaths from recurrence in thirty-three cases as follows:

	Author's cases.	Joint cases.
Within two years	15	15
Between two and three years	12	10
Between three and four years	3	1
Between four and five years	3	6

Forty of the patients remained well after five years.

The series of one hundred cases reviewed in this article were selected from one hundred and sixty consecutive cases presented for treatment. In one thousand cases of carcinoma of the cervix not operated upon, the average length of life from the onset of symptoms was one year and nine months.

As the operation described is one of great technical difficulty, the results obtained show a gradual decrease in the mortality from 20 per cent. in the first one hundred to 6 per cent. in the last fifty cases.

Radium has come into the field in the treatment of carcinoma of the cervix. It is being used quite extensively, and I feel that this method of dealing with malignancy is only in its infancy. Many things must be considered in the application of radium. This must be worked out little by little until such time as there can be a body analysis made. Radium can not be brought to its high standard or field of usefulness that its extensive exploitation at the present time warrants. The dosage of this must be worked out to some definite conclusion; the types of malignancy must be thoroughly considered; the resistant power and chemistry of the individual upon whom the radium is to be used must have some definite analysis. The influence of radium upon the tissues of one individual over that upon another must by some means be defined before it can reach its highest therapeutic value.

We should not be too enthusiastic as to its value or as to its permanency in the treatment of malignancy, or too enthusiastic of what we may expect of it in very extensive cases, and we should be very guarded in our statement until five years have elapsed after its application as to its effecting a cure.

Keene has commented upon the use of radium in malignant tumors in which he has defined them into two groups, those advanced beyond cure and the early cases. Women in the last stages have been given temporary benefit by radium treatment, but he deems the practice unwise. In a few cases, even in this type, he claims to have obtained remarkable results. In general 100 mgm. have been used in these cases, either against the tumor or embedded in it in needles. The first application is usually for twenty-four hours. In

many, a shorter application has been given in six weeks. The bladder and rectum are packed with gauze. He states that the results have been pleasing, even though in most cases they are only temporary, and that before the discovery of radium this degree of palliation could not be obtained. He also claims that the local healing occurs in from 50 to 60 per cent. of the cases, and in a large proportion of cases the mal-odor is stopped and never recurs, or recurs at varying intervals, before death. In some of these cases occasional pain follows as an effect of radium treatment. This usually results after repeated applications and sets up a cystitis or proctitis. There may also be a retro-vaginal or a vesico-vaginal fistula. He reports that of ninety-four women with inoperable malignant tumors of the cervix that were treated prior to 1916, 20 per cent. are living and to all appearances are free of the disease.

Borderline cervical cases are given radium treatment. It is inadvisable to operate upon a case previously treated by radium, because of the fibrosis and the fact that cells rendered inert by the radium may be set free. Radium is applied to the vaginal vault two weeks after operation, but not at the time of operation, because of the danger of widespread sloughing of cells weakened by trauma.

His conclusions are as follows:

1. As a palliative measure radium therapy is the treatment *par excellence* for inoperable cases of cancer of the cervix and vagina.

2. In borderline cases the use of radium is advisable, but in certain operable cases surgery with post-operative radiation is indicated.

3. Cancer of the fundus is surgical except in the presence of a grave contra-indication, when radium should be used.

4. Hysterectomy is inadvisable in cases previously treated with radium.

5. In the operable cases the advisability of pre-operative radiation is still an open question.

6. Local irradiation of cancer by radium is established, and there is hope that cancer of the cervix may be treated by radium rather than by operation.

In my own individual practice, in a series of forty cases treated with radium, a large percentage were inoperable cases and a small percentage were treated with radium following abdominal hysterectomy. All developed a secondary metastatic lesion and died with the exception of three. One of these cases seemed to have made a very good recovery. Another one we have not heard from, and the third is only a recent case. In a few of the cases in which there was a secondary involvement, the use of radium for a time seemed to stop the growth, but after a few weeks' time the metastatic lesion grew more rapidly than previous to the application of radium. It has been my experience that where there has been a recurrence where radium has been applied that it grows more rapidly than in our former cases that were not treated by radium. Our success in the treatment of carcinoma of the cervix shows a large percentage of cures with more permanent results by surgery than by the use of radium.

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DISCUSSION.

Dr. F. W. Moses (Indianapolis): I want to state that it is very important for the general practitioner to recognize carcinoma and refer it to the surgeon in time. During the last year I had a young woman referred to me who had frequent bleeding. Upon examination I told her I believed she had carcinoma of the uterus. She said: "No; my sister works in the office of a cancer specialist, and he says I have no cancer." I gave her local treatment and advised her to consult a surgeon. I treated her and apparently the bleeding stopped. Then she took a horseback ride and had another hemorrhage. I again advised her to see a surgeon, for I was satisfied she had a cancer of the uterus. She took local treatments and the hemorrhage stopped again. In two or three weeks I was called out there one night, and I insisted that she go to a hospital and consult a surgeon. The following day she went to a hospital, but the surgeon said he could do nothing for her. We referred her for radium treatment and she took that three months and died. A fine, healthy young woman—died because the diagnosis was not made in time.

Dr. M. F. Baldwin (Marion, Ind.): I have been much interested in this paper, and when he touched upon the subject of radium it brought back several things very definitely to my mind. I have been practicing medicine for a long time, and I have been the billy goat for the doctors and surgeons always. I have been observing through the regular school the treatment with radium. I have had ten cases treated with radium in the last two years. My enthusiasm was wrought up to the highest pitch on the subject of carcinoma. The Society for the Control of Cancer sent out literature, and one Sunday all the pulpits in the United States were filled with doctors. I filled a pulpit, but I did not know much about it. I believe my experience coincides very largely with what Dr. Shewman has said. I think he has been very conservative in his remarks. To sum it up, no man knows anything about radium or its strength. I want to know what you aim to do when you put radium in the cervix—destroy the germ of cancer? If so, how much live tissue will you destroy, when you do not know anything about the strength of your radium? We are experimenting with the most powerful remedies we have today. I do not believe, so far as radium is concerned, that there has been much gained on the subject. I think there is a better way out for carcinoma. Surgery and other remedies have been failures aside from what nature has done. Radium might be a great thing. Surgery may give relief for a short time But we will find a better way some day.

Dr. A. S. Stemler (Good Hope, O.): There are two things, in my judgment, that are necessary in cancer surgery. The first thing is that the general practitioner shall diagnose it early—that is the most important of all. The next is to refer it to the surgeon and have him X-ray the uterus as soon as possible. So far as radium is concerned, I have never known a cure from radium.

I want to ask Dr. Shewman why they do not want to operate after radium

has been used, and also if he has known of any cures that followed the use of radium.

Dr. J. E. Holman (Indianapolis): I assigned this subject to Dr. Shewman because I was going through with this type of case. This case had radium for six weeks, but the hemorrhage continued. Then we did cauterization, and the hemorrhage stopped, and after cauterization we had atrophy of the uterus. A hysterectomy was done, and the patient recovered in three weeks. She is now suffering from the scar tissue, either from the hysterectomy or from the radium, or from the radium plus the cauterization plus the surgery. This will may be run about a year. The surgery was just as easy after using the radium as it would have been before; I believe a little easier, because we had an atrophied uterus that would have been much more difficult to perform a hysterectomy if it had been larger. I do not think the scar tissue was any greater.

Dr. F. L. Wilmeth (Lincoln, Neb.): I agree, as far as my knowledge goes, with what the doctor has said as to the relative merits of surgery and radium. As to the cure of carcinoma, many years ago I decided this, that if carcinoma is going to be cured it must be prevented. I think we will all agree in that particular.

Carcinoma cells are not fully developed; consequently we have borderline cases, and what I might call a borderline case Dr. Shewman and others might not regard as such. In the borderline cases I think that usually, unless there is some complication that contraindicates surgery, surgery is the remedy, and I believe firmly that, as far as cure is concerned, surgery stands pre-eminently above anything else that has ever been used. I am sure in my small experience and with the knowledge I can gain from other sources, that when we come to the consideration of the treatment of carcinoma that we do not know anything much at this time except to retard the development of the carcinoma cells. Therefore I contend that it is up to the practitioner, and that the diagnosis must be made at a time when preventive means can be used instead of curative means. The ulcerated cervix, the scar after operation of some character, disease of the stomach, disease of the glandular system or in the tissues that persists after medical treatment has been intelligently applied for any length of time, needs microscopical examination and probable enucleation. I have had apparently excellent results from radium and from the X-ray, and the destructive effects of the one seem to be about equal to the destructive effects of the other. I have also seen good results from chloride of zinc as a local preparation; but in my judgment surgery stands pre-eminently as the remedy of choice in all borderline cases.

Dr. E. B. Shewman (closing): Dr. Baldwin spoke of the dosage or strength of radium. I thought I brought that out when I said that before anything definite could be done there must be some analysis and some definite conclusion. I do not believe that the man who is a radiologist today knows just what his radium will do. And that brings me to the absolute conclusion that I have reached in surgical work, and that is that we can never treat two individuals alike. Each and every individual has his own body chemistry. We find in using catgut that some patients will absorb it in four or five days; others will not digest it in that many weeks. That is due to the body chemistry, and until such time as there is an analysis, when the patient can be put into a hospital and by some means his body analyzed—a definite chemical analysis—you will not reach the high standards where we can have a definite therapeutic agent for the cure of various diseases, whether it is carcinoma or whatever it may be. Radium is in its infancy. That is where you stand today in your therapeutics. Your specific medicines will have to be revised as to indications. If the time ever does come when we can have an analysis

and know definitely what the individual chemistry is, then we will have a definite treatment and cure a large percentage of diseases.

For myself, I have not had much confidence in radium, and particularly in those types of carcinoma that are advanced. It retards the growth for a time and they clear up, but when they do re-proliferate they grow with greater rapidity than before. I have one case at the present time, a carcinoma of the uterus. The growth was retarded for a year, and then when it started it grew rapidly. I removed it and gave her radium, but with no effect. In two weeks from the time I removed it, it was the size of my head. After the radium has spent its force the malignancy grows more rapidly than before.

As to why we prefer not to operate after radium, I said that Keene advised not to operate because there are certain cells that are inert, and if you disturbed them with the knife you might set them free again. This question is discussed *pro* and *con*. Some think radium should be used first and operation afterwards; others operate first and then use radium. My experience with radium has not been the best, and therefore until the time they can show something better than surgery, I will still stick to surgery. There is no reason why carcinoma of the cervix should not be cured by surgery if we get it in time. So I will plow along with surgery until some one shows me a better method, which they have not been able to do so far.

HYPNOTICS.

Theodore Davis Adlerman, M.D., Brooklyn, N. Y.
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The subject of "Hypnotics" assigned to me by the chairman of this section is of such vast magnitude that were I to cover the entire field I would have to write a volume—a task for which I have neither the time nor the inclination, and which would be impossible to present to you in the time given to me, even if you had the patience to listen to me, which I doubt. I have, therefore, selected a few of the hypnotics, which I will present to you to the best of my ability.

As we all know, under the name hypnotics we place or class medicines which either induce or produce sleep (some apply the name narcotic to the same medicines), and which also lessen sensibility to or stop pain. When we speak of narcotics as medicines which either induce or produce sleep, we understand and refer to their direct and essential operation, as insomnia may be produced by influences which are acting either directly or indirectly.

The direct cause may be conditions which are more or less asthenic, while the indirect conditions may be associated with irritations in many shapes and forms.

Today we are employing many ways and methods to promote, induce and produce sleep, and the remedies we call hypnotics, or less properly, as they are termed by some, narcotics. We employ direct hypnotics and we also use indirect hypnotics. The direct hypnotics act upon the convolutions through the circulation or indirectly upon the cells, in either way reducing nervous metabolism.

When we examine the whole group of hypnotics we find that their action

to produce sleep are not unform and present many degrees of difference. For example, we find that hyoscyamus, belladonna and stramonium may be placed in one class, while conium, passiflora and cannabis can be used in another class.

We, of course, know the primary effect of all hypnotics (with a few exceptions, such as humulus) is to excite the mind and many other functions of the body, and at the same time to diminish, to lessen, and then to blunt the perception to things external, as well as to temporarily destroy bodily sensations.

Let us glance over and see what we know about opium in this regard. The first action of opium is to stimulate the whole system to the highest degree, even to a stage of delirium, and yet its action is also a sedative one in its secondary operation, blunting the sensibility to pain and subduing all excitement, and if given in continuing excessive doses produces a stupor or a torpor which will terminate in death. Opium increases perspiration, while belladonna and stramonium diminish it. Belladonna, stramonium and hyoscyamus do not lock the bowels, rather relax them, while opium locks them and produces constipation.

Lupulus, given in proper doses, produces a gentle, calm sleep; opium an excitability and fullness of the head and a deep slumber. Opium could take the place of all hypnotics if it were not for the after-effects. The sleep produced by opium is the result to a high degree of its anodyne effects. Insomnia due to conditions found in inflammatory conditions of the cranium is not well treated by opium. In insanity opium should be used but little and with great care. Opium will not produce sleep in mania, even if given in large doses, the patients even raving more than before taking the drug. In nervous diseases it should be used with the utmost reserve.

In melancholia, opium, while producing a calm at the beginning, is very harmful, as the minute the drug is withheld your patient will break out even in very much stronger degree. Opium, however, is very well borne in the very early stages of puerperal mania.

In delirium tremens opium is well borne and produces a restful sleep. But it is a dangerous remedy, the effects of which must be watched with care, and it is far safer to administer conium in these cases. Do not use opium in infantile conditions of the brain. In epilepsy opium should not be used. You can not expect any action from opium in epilepsy, no matter what type of the epilepsy you may meet. The same rule applies to cases of hysteria, even if the hysteria is brought on by pains.

Years ago we used opium extensively in the treatment of chorea, but it has been discarded entirely in this disease.

In tetanus opium may be used in certain cases. In neuralgia and sciatica opium is used in one form or another. I do not, however, approve of it, as the use of opium is purely palliative and not curative; but opium induces sleep in these cases, but it pays to remember that opium is a powerful depressant of the respiration, circulation and excretions, and may produce disastrous results even when given temporarily.

Lactucarium is a mild hypnotic, a substitute for opium in combating nervous restlessness and the resulting insomnia, especially insomnia following mental excitements.

Hyoscyamus is a valuable remedy in melancholia and hypochondria, where it will produce sleep and soothe the nervous system. I consider this drug a most reliable narcotic in mental diseases. It acts as a powerful and prompt sedative in cases of mental excitement, and no bad after-effects follow. It is an efficient hypnotic in the insane, though perhaps not so effective in the sane. If you use hyoscyamine hypodermically the effects follow rapidly. Sleep follows in ten or fifteen minutes. To produce sleep with this drug it is better to give one large dose than several small ones; 1/125th of a grain of hyoscyamus should be the initial dose. This may be repeated, if necessary, in an hour or so, and may be gradually increased from day to day till 1/60th of a grain is given at a dose. Large doses, however, should not be given until it has been demonstrated that small ones produce no effects. Given in proper medicinal doses, hyoscyamine is a comparatively safe remedy. Hyoscyamus is not as toxic as belladonna. It will replace opium in many cases. It is not habit-forming. It is exceedingly useful in mania, and some cases of insomnia can be cured with this drug.

Stramonium and humulus are hypnotics to be used in delirium tremens. Refreshing sleep may be obtained from these two drugs in the above-mentioned conditions, and both of these drugs calm the delirium tremens

Cannabis indica is an hypnotic, especially in cases where large doses of opium cease to give the desired results. It produces sleep, and especially so in melancholia. In neuralgic conditions cannabis will relieve pain more promptly than opium and produce sleep.

Camphor monobromate is a nerve sedative and hypnotic in delirium tremens, in the insomnia of hysteria, and is especially valuable in cases associated with more or less spermatorrhea. In the nervous forms of influenza, in many of the irritable sexual states, in epilepsy, camphor monobromate is a valuable hypnotic.

Chloral hydrate is a drug to be used with caution; the heart must be watched with care. It is useful in purely nervous insomnias, in insomnia with an acute active congestion of the brain, and in delirium tremens.

Piscidia (Jamaica dogwood) is a hypnotic and a very powerful narcotic. In insomnias and neuralgias associated with the different forms of neurasthenia it is a very good drug.

Paraldehydum produces sleep with a complete relaxation of the body. The brain is calmed and the entire nervous system is relaxed. Used in neurasthenia with good results.

Passiflora incarnata is an efficient hypnotic in insomnia of many nervous diseases, and can be used even in many of the mental cases. In many of the reflex nervous conditions it will give excellent results, and has replaced in my hands the use of the bromides. Passiflora has a wide field in the insomnia of neurasthenia, as well as in the different insomnias encountered in chil-

dren. In insomnia of typhoid I consider it a most safe and efficient remedy. In insomnias of the climacteric passiflora is the indicated remedy.

I could go on enumerating many more valuable hypnotics. The time, however, is short, and the time given me for this article is nearly up. I will therefore mention only one more drug before closing—trional, which I consider the safest remedy for the production of sleep. You do not have to watch the heart; you do not have to watch your patient; you do not have to watch for results. It is safe in all cases, even in the different conditions of heart troubles, as it has no influence upon the heart. It is rapid in its action, it is sure and it is prompt. It will produce a refreshing sleep in about ten to fifteen minutes after it has been taken. You may use trional in all cases and in all diseases where you desire to induce and to produce sleep. In breaking up the opium habit trional is a good remedy to produce sleep. Trional, however, does not produce sleep in the insane.

DISCUSSION.

Dr. J. A. Burnett (Hamilton, O.): I have been using lately a preparation of barbitol, and find it has given me more satisfaction than any narcotic I have used. I think opium is most dangerous, and I get away from it whenever I possibly can.

Dr. R. E. Holmes (Harrisburg, Pa.): I claim that narcotics as a class of medication should not be used very often, and if you can find the cause they are not required. For instance, you have some disease where you have fever and a good deal of inflammation, if you have a good heart you can use some of the coal-tar products, as aspirin; other times, in such cases as goiter, especially exophthalmic goiter, do not give hypnotics. In other cases where we have irritated nerves we might use passiflora to soothe the nerves. The thing is to study and find the cause of the insomnia, and it is very seldom you need hypnotics.

Dr. J. W. Kannel (Fort Wayne, Ind.): I want to call your attention to the dangers of barbitol. I was just talking to Dr. Postleman about a case he has just had. He said the patient was blue all over, in a very dangerous condition. He says this is his second experience.

Dr. T. D. Adlerman (closing): Barbitol is a good drug, provided you have somebody to watch its effects and result. It will give you good results if you watch the pulse and heart. But I can cite more than one case where the results were bad because it was left to the patient.

Dr. Holmes says hypnotics are not required. They may not be required in his practice, but they are required in mine. I can not get along without them. I do not know how many of you know what it is to treat an insane person where there is an incessant flow of talk and you think the patient will die of exhaustion. We must use hypnotics there. Passiflora will not always do the work. We have to use some of the other drugs I mention in my paper. Even in Dr. Holmes' practice, if he has a case of typhoid fever where the patient can not sleep, he will do well to use hypnotics.

I do not like the statement that aspirin is a hypnotic. It is no good as a hypnotic. It is a heart depressant. You will not get any results from aspirin in five or ten grain doses. You have to have good sized doses, and when you do watch out for the heart. Do not use aspirin as a hypnotic. You have safer remedies.

As to bromides, for years I have not used bromides for nervous and mental cases. In a few cases they are needed, but in a majority of cases the con-

tinued use will reduce that patient to invalidism. I have seen cases of epilepsy where bromides were given in excessive doses where the patient has becomes maniacal, and when you stop the bromides the patient becomes more or less normal. You can not use bromides in every disease, either nervous or mental. In some mild neurasthenic cases a mild dose of bromide once or twice will produce results, but that is all.

SOME RECENT ADVANCES IN PHARMACY.

CHARLES G. MERRELL, CINCINNATI, O.

The parenteral administration of drugs is an invention of modern times, and the more extended use of hypodermic injections has grown apace only in recent years. Like a good many of our modern inventions, it has both its advantages and disadvantages. The extension of this form of medication into such a wide field is due to several causes, though the general use of serums and vaccines has probably done more to extend the use of hypodermic medication than any other one factor. Outside the use of Homeopathic triturations of a few of these bacterial products, all serums and vaccines are administered by the parenteral route.

Another cause may be found in the lack of faith in ordinary medication on the part of so many physicians who under our modern methods of education have never learned how to use so many of our valuable drugs, but who, on the other hand, find it easy and profitable to inject something under the skin that will at least give some kind of a reaction, whether it is the one that is most needed or not.

The third factor in the increase in hypodermic medication is the fact that there are times and conditions when a more immediate response to a drug action is necessitated by the serious condition of the patient. It is well known to many of you that lives have been saved by the hypodermic injection that may have been lost by the slow oral administration of the same drug. Just one example will serve to illustrate this point.

A Pennsylvania physician was called to visit a woman who appeared to be in the last stages of puerperal sepsis. She was in a state of coma, so that it was difficult if not impossible to administer remedies by the mouth. An injection of fifteen minims of normal echinacea, repeated in fifteen minutes, brought about the first indications of returning vitality, and further administration of the remedy resulted in complete recovery of the patient. Here it is the belief of the physician and the writer that the hypodermic use of the remedy was not only indicated, but imperative.

It would be false reasoning to draw from this illustration, or even from a hundred cases of the same kind, that hypodermic medication should supplant oral administration, but it does indicate, to the writer's mind, that there is a place for hypodermic administration, even of our vegetable remedies, which have heretofore been administered orally almost exclusively.

Another fact favoring—and, in fact, necessitating—hypodermic medication has been brought to the fore in the discovery of biochemic elements in

plants and their utilization in the treatment especially of metabolic diseases. Disregard for the moment the various enzymes, protoplasts, plant acids and the like, and let us consider the action of proteins which have been found potent factors in the treatment of this class of diseases now under discussion. For our present purpose we need not consider just how these proteins act in stimulating the cytogenic mechanism, increasing the hemoglobin of the blood and the leucocytes, affecting the differential blood count, or in general stimulating phagocytosis, thus constituting what Professor Mathews, of the University Medical College, Cincinnati, calls "the natural therapy of disease," but let us consider only the fact that these proteins are to be administered. If they are given orally they enter the digestive tract, and assuming that the digestive organs are even partially functionating, the proteins are digested and hence lose the power of acting as intended in these special conditions. It is indeed true that the digestion of the proteins is not always complete, and some of these undigested proteins may find their way into the blood stream and become causative factors in such diseases as dermatoses, asthma, hay fever and many other complaints.

It is by the injection of foreign proteins or their partially split products, polypeptids, that this condition is met and overcome. Parenteral administration of such remedies, therefore, is essential to this form of therapy, and it has been found by much experimentation that there is no objection to the introduction of these highly refined organic products into the blood stream.

It is right at this point that I should like to call your attention to the advantage of proteins or protein products of vegetable origin, as compared with those from animal sources. In the first place, they are entirely free from any possibility of contamination by harmful bacilli, which is more frequent than some of us realize in vaccines and serums from animal sources. Here again I believe our vegetable materia medica will be found superior.

If it is the protein reaction that we want, why not use vegetable proteins which are pure and free from contamination, and which, moreover, can be partially hydrolyzed so as to avoid the anaphylaxis that follows the administration of the whole proteins that can not be wholly hydrolyzed before the amino-acids or other end-products of protein decomposition lose their power of reaction? It is the polypeptids, or the intermediate split products between the whole protein and the ultimate complete decomposition of the protein molecule that are active on the one hand and free from anaphylaxis on the other. The proteogen therapy of which I am now speaking embraces this principle, and the products are standardized according to the amount of polypeptids that are present.

But, as I have indicated, the use of our vegetable remedies is not confined by any means to those from which we may derive the proteins. The drug effect is often more pronounced, certainly more prompt, under certain conditions when given hypodermically.

It is advisable that these remedies be especially prepared for hypodermic medication. The alcohol with which our regular tinctures are prepared is not the best vehicle for this purpose, and yet there is much less objection to

its administration than has been generally supposed. It is better, however, in most cases that we eliminate the alcohol entirely, or combine it with a certain portion of glycerine or other solvent, as these two seem to counteract each other and form a vehicle that is quite acceptable for hypodermic use. Many of our drugs, however, if employed in the fresh state, can be easily transferred as to their active principles to a non-alcoholic menstruum, and such a product is more desirable for hypodermic medication. In emergency cases, however, we do not think that any physician need have any hesitancy in employing the regular tincture when a special hypodermic product is not at hand.

As to the various forms of parenteral administration of drugs, the individual experience of different physicians must be the guidance. It is said by many physicians that the intravenous administration of medicaments is the most scientific method. It is perhaps the method whereby a more pronounced result is obtained, but I do not think it can be advocated as a general proposition, and I believe that the hypodermic or intramuscular administration of remedies is generally to be preferred, as these give an opportunity for the general distribution of the remedy throughout the system and its gradual absorption through the blood stream rather than the immediate injection of a foreign body into the blood itself. We must let the natural functions of the organism do their part in absorption and assimilation to the fullest extent that is possible under the circumstances. Intravenous administration is a more complicated process and is accompanied with more or less danger in the hands of the average practitioner. The dosage must be smaller and has not been well established. An overdose is more dangerous than by other methods of administration. That is one of the advantages of permitting the natural functions of the organism to perform their part to the fullest possible extent.

My audience is by this time no doubt inclined to ask, "What does all this have to do with 'Recent Advances in Pharmacy?'" The answer is that the preparation of medicinal products for injection into the system, whether it be subdermal, intramuscular or intravenous, brings into play a wholly new order of pharmaceutical knowledge and skill. In the first place, the pharmacist who manufactures these preparations must be fully conversant with the whole theory and practice of sterilization. He must be able to prepare these substances in suitable solvents and present them in such form that they will not cause objectionable reactions when injected. Moreover, the pharmacist is for the first time called upon to study the composition of the plant products and to devise methods for changing the molecular structure of these products into new forms of matter.

Heretofore, when treating medicinal plants, the pharmacist busied himself with the device of methods of extraction, which gave assurance that the plant constituents would be extracted from the plant and preserved in unchanged form. Now, however, he must take these protein bodies and by hydrolysis prepare wholly different substances for use in medicine. This hydrolysis must not go too far, for in that case, as has been pointed out above, we get

the amino-acids, which are the final products of the protein decomposition and which do not exert that effect in the system which is desired.

Whereas in the past we have had to rely for our protein test upon precipitation with heavy metals, now we go more into the matter and examine the nature of the protein by Piotrowski's biuret reaction, which indicates whole, unsplit proteins, and the ninhydrin reaction, which is sensitive to protein and its decomposition products, regardless of the stage of hydrolysis.

We must not longer content ourselves with the total protein nitrogen determination, as shown by the Kjeldahl method, but must use in connection a determination by the Van Slyke method, which gives us the amount of amino-nitrogen present.

We must learn something of the constituents of our protein molecules as shown in Millon's reaction for tyrosine, the Adamkiewicz reaction for tryptophane, Ehrlich's diazo reaction for histidine, and Molisch's reaction for carbohydrates.

Moreover, the pharmacist is now for the first time called upon to make a study of the life processes, to learn what goes on in the course of digestion and metabolism, so that he can adjust the protein products to the needs of the organism, so as to avoid, on the one hand, the excessive reaction or anaphylaxis produced by whole proteins, and, on the other, the inertia of the ultimate amino-acids.

To solve these problems requires an order of knowledge and a degree of skill in new fields of biological chemistry, which is entirely new to pharmacy, and, indeed, which is as yet only partially explored even by the most advanced students of biological chemistry. This, then, is an interesting and important phase of recent advances in pharmacy in which much has been accomplished, but in which there is a vast field still open for further research and study.

X-RAY IN GENERAL DIAGNOSIS.

W. S. Glenn, M.D., State College, Pa.

In comparing our present educational progress with that of former years, it affords one great pleasure to note a steady advance in the greater efficiency and success attending every department of learning. During the last twenty-five years rapid progress has been made in the advancement of science, law, and invention. This is an age of universal development. Each new day brings to light some new fact worthy the admiration of all. While all these improvements and advancements have been made in the various sciences, those who work for the promotion of medical science have not been idle. Their work during the past few years has proved to us that some of the triumphs gained by these efforts shall constitute lasting monuments in the history of medicine. One of these monuments is the X-ray machine.

Were I to cover the subject of the X-ray in general practice, it would require a book the size of Gray's Anatomy—and you all know how large

that is. A few years ago, not much thought was given to the X-ray in diagnosis, but today I believe the Roentgen ray is just as important an aid in the diagnosis as the microscope.

There are several distinct types of Roentgenologists: First, those who arrive at a Roentgen-ray diagnosis without any history in the case; second, those who take a history in detail; third, a class between these two, who ask a few leading questions relative to the symptoms of the patient.

I am of the opinion that the more we know about the history, laboratory findings, etc., of our patients, the better qualified we are to make a diagnosis.

There is no doubt in any one's mind that the X-ray plays an important part in the diagnosis of a fracture in any bone of the body. The doctor who will treat a fracture without an X-ray picture had better look out for a mal-practice suit.

The X-ray is a great help in diagnosing cysts and tumors of the brain. And when a surgeon knows the exact locaton of a bullet or other foreign body, he can better judge of the desirability of an operation for its removal. One of the most important applications of the X-ray today is in dentistry. Many a case of rheumatism has been cured by the removal of a tooth. We are also able to study the condition of all the sinuses and help the eye, ear, nose and throat specialist through many a case.

The conditions of the chest in which the Roentgen ray may be an aid in diagnosis are: (1) diseases of the lung; (2) diseases of the pleura; (3) diseases of the heart; (4) diseases of the mediastinum; (5) malignant diseases of the thorax, including tumors of the breast, pericardium, lungs, mediastinum, etc.; (6) foreign bodies in the lungs.

The most prevalent and most important of the diseases of the lungs is tuberculosis. According to Cole, the first manifestation of tuberculosis consists of a collection of a sufficient number of tubercles to cast a shadow on the Roentgen ray plate. These shadows, found in numbers in the parenchyma or along the bronchial tree, suggest tuberculosis. According to Dunham, the first manifestation of tuberculosis is a hazy, filmy, fan-shaped shadow, with the apex of the fan toward the tubes of the lung, seen in the first or second interspace, this shadow being due to congestion of the lymphatics.

Pneumonia manifests itself as large, dense shadows occupying the portion of the lung involved. Bronchial pneumonia occurs as small, diseased areas scattered throughout one or both lungs. An abscess of the lung may simulate a new growth, and it may seem necessary to explore before a diagnosis can be made. Pleurisy with effusion is easily diagnosed and may occupy practically the entire chest cavity. It is often possible by means of the Roentgen ray to diagnose a small effusion, empyema or abscess in the lungs, which might otherwise require many exploratory punctures to locate.

Under diseases of the heart we study first of all the size, shape and position of the heart and aorta. In the case of aneurysm one sees a shadow of varying density and size. Aneurysms are diagnosed by their shape, clean-

cut outline, and by the pulsation under the fluoroscope. One can rather readily diagnose pericardial effusion by the characteristic dense, triangular-shaped area with the apex pointing upward.

Radiography is of value in the diagnosis of gall-stones, but this is one of the most difficult conditions in which it is used. The difficulty is that most biliary calculi present very little resistance to the passage of the X-ray and show no contrast with the surrounding tissues. The same can be said about urinary calculi; but at the same time in many cases calculi can be seen on any X-ray plate.

In order to diagnose diseases of the stomach and intestines with the X-ray, there must be some opaque substance such as bismuth or barium taken either as a meal or enema. The size, shape and position of the stomach can be determined, along with its motility. The diagnosis of ulcer of the stomach and cancer of the stomach is made much easier by means of the X-ray. The X-ray is a great help in diagnosing strictures of the esophagus, intestinal obstruction, intestinal adhesions and chronic appendicitis.

The pneumo-peritoneal method of X-ray examination has been in use in America during the past two years, and has been proved to be of distinct value in the diagnosis of intra-abdominal conditions. This method of examination consists of the introduction into the peritoneal cavity of oxygen. The oxygen is taken from an ordinary oxygen tank, is introduced through a paracentesis needle, which is plunged into the peritoneal cavity below and slightly to the left of the umbilicus. The oxygen is then allowed to flow until there is some moderate discomfort from abdominal distention. X-ray plates are then made in various positions.

This method is especially useful in outlining the solid organs such as the liver, spleen, kidneys, enlarged retroperitoneal glands, uterus and ovaries, or any new growth that is located within the abdomen and that does not involve the lumen of the gastro-intestinal tract.

IODINE.

Wm. P. Best, M.D., Indianapolis, Ind.

In 1812, Courtois, a Parisian soda manufacturer, discovered iodine, and Coindet, of Geneva, first made use of it as a medicine.

It is found chiefly in deep seaweed, but may be detected in fresh water plants, water hemlock and cress, oysters and cod liver oil, eggs, and some mineral waters. More than a score of different forms and combinations of iodine are offered for use, but the tincture or some of the salts of iodine (the iodide of potassium or soda) are most employed. Various vehicles are recommended to cover the acrid taste and prevent or minimize the irritation it produces when introduced into the stomach, especially for any length of time. For many years the remedy has held a high place as an alterative and has been much used as a local remedy for painful joints, swollen parts, enlarged glands and as a local antiseptic.

Since the advent of the more recent ideas of infection, this, with many other remedies of known value, has aroused renewed interest. In the preparation of patients for operative work, major or minor, the outward application of iodine to sterilize the field of operation seems to leave little to be hoped for as an ideal application. The internal use of iodine has been very extensive, and a long list of diseases have from time to time been treated with iodine in some form. Careful study of its action has been recorded by research workers as well as clinicians.

This active agent, like many others, must be used with due caution. Chronic poisoning by iodine, "iodism," is not unknown to most physicians. Coryza and profuse mucous discharge from the mucous membrane of the upper respiratory tract, ptyalism and acneiform eruption, generally starting over the shoulder blades, constitute in a majority of cases the initial conditions of this disturbance. Puffiness of the face, peculiar metallic taste, particularly early in the morning; slight tenderness of the teeth and gums, lack of appetite for breakfast, frontal headache and sore throat may be noticed.

We will only call attention to some of the untoward actions of iodine or iodides in susceptible patients.

Iodide deafness, tinnitis aurium, iodic grippe, conjunctivitis with severe pain and heat, hoarseness and aching in the larynx, acne-like pustules from local use, sudden total blindness; in severe cases there may be nausea, diarrhea, headache, malaise, emaciation and anemia, purpura, pemphigus.

Purpuric eruption from iodine may be divided into two groups—extensive petechial and hemorrhagic bullous cases—especially in cardiac and nephritic disease with lowered condition of the general economy; second, those in which the eruption is limited to the lower extremities, or legs, which occurs in patients in perfect health. "Iodism" is essentially an iodine intoxication which, according to Djelogolowy is due to liberation of nascent iodine through the effect of some oxidizing agent on the iodides. According to Comby, iodism develops only exceptionally in children.

Some writers indicate their ideas of the usefulness of this remedy by mentioning tertiary syphilis and congenital syphilis as primary conditions in which iodine as a remedial agent is useful. Arteriosclerosis is also supposed to be benefited by the administration of iodine. It may promote the absorption of the infiltration in the blood vessel walls. Like all remedial agents of note, it has been used in the treatment of pulmonary tuberculosis; but while of little or no value in this type of the disease, yet for so-called scrofulosis it is highly extolled.

The exact place of the remedy in the treatment of goiter is not yet fixed, though speaking in general terms it seems best fitted to cases of goitre characterized by hypothyroidism. On the other hand, it seems to produce or provoke existing hyperthyroidism. After beginning this article my attention was drawn to a recent article on this subject by S. P. Beebe, Ph.D., M.D., of New York, in a recent (June 11, 1921) issue of the *New York Medical Record*. Since his ideas do not conform with the above statements, nor with

the prevailing ideas relative to the use of iodine in goiter, I desire to quote freely from the doctor's article.

"We may say the medical treatment of simple goiter is contained in the one word, iodine. The length of time iodine administration must be continued is somewhat a matter of dispute. At times the response of the gland toward iodine is prompt, and three to six weeks' treatment may show very marked results. But it may not be so prompt, and the writer in many cases continues the iodine administration for a year, and even two years, in small doses, with occasional interruptions.

"Iodine administration to hyperthyroid cases is a subject of great variation of opinion. Some writers condemn its use in most positive terms and issue the warning that iodine must never be given to hyperthyroid cases. Others assert that it may be given in minimum doses under constant observation."

Dr. Beebe does not only commend the use of iodine in hyperthyroid cases, but he finds it valuable or almost a specific in cases of ten or twelve years' standing with "the cardinal symptoms, exophthalmos, goiter tachycardia and tremor well developed." In this type of cases iodine acts almost like a specific, and in a few days the entire clinical picture has been changed for the better. He closes his interesting essay by saying, in part: "In the writer's opinion the disease will not be properly treated until the value of iodine and its proper administration are learned by the medical profession."

For local injuries attended by abrasion of the skin, puncture wounds, etc., next to echafolta it is a valuable and highly esteemed application. The publicity recently given iodine has brought it into household use as never before, but this will result like the unwise and inadvised use of any drug by the laity. The application of iodine after curettage, in treatment of endocervicitis, etc., its value is unquestionable and well night universal. The use of iodine in the form of the tincture or a so-called soluble iodine, represents to the writer one of the most useful methods of its internal administration, and has given most gratifying results in cases of non-specific history, but in which the alterative, detoxicating action of the remedy is needed.

Rheumatism, like some of the now better understood diseases which in the recent years past were wholly treated empirically, still presents unsolved questions. This disease produces, or there is developed early in its onset, marked intoxication or toxemia. The physical weakness, the utter prostration which is one of the early manifestations, gives evidence of such intoxication, as does some of the other manifestations of the disease.

Some cases of chronic rheumatoid arthritis are sometimes attended with infiltration which amounts to more than the swelling of the acute type, also actual deposits of deformity-producing material being present in the parts attacked, interfering with usefulness and producing pain, on account of the mechanical obstruction to free or forcible use of the joints. In such a condition most of our anti-rheumatic treatment is futile. We do not wish it to be understood that iodine in any form will remove the deposits or wholly relieve the pain or the system of the debris which it attempts to discard, but this

remedy will facilitate such results. If this is true, more acute conditions with such tendencies as above mentioned should be, and we believe are, benefited by iodine. We are not prepared to say just how it acts, but we do not believe it is possible for fixed deposits to be affected chemically and thus removed; it is more probable that the betterment results from the encouragement or acute stimulation of the metabolic and katabolic processes.

If the cause of arthritis is a toxic condition, either endogenous or exogenous, or if it be due to bacteria or toxins of such origin, the action as above would certainly be desirable, besides such detoxicating influence as the remedy may possess *per se*.

The above ideas have led to the use of iodine in acute and chronic conditions with happy results. The dose need not be large; in fact, it is usually given too freely. It at least should not be given to the point of producing any of the symptoms of iodism, and should they arise the remedy should be discontinued or reduced to such a degree that iodine poisoning does not continue.

The most marked example of the action of the remedy which has come under the observation of the writer, and at the same time showing in a marked degree its limitations, was in the treatment of a case of arthritis deformans. Below we append a brief history of the case.

Mrs. Ida B., age forty-seven, married, mother of three children, one having died at the age of one year from acute dyspeptic diarrhea; one son aged eighteen, and one daughter aged sixteen, both in good health. Mrs. B.'s father was a robust man, enjoyed good health until about sixty years of age, when he became troubled with prostatic hypertrophy, for which he was operated, and later acute nephritis developed, causing his death at the age of sixty-three. Her mother is living, health fair, she having some organic heart trouble. She is now seventy-one.

Mrs. B. had the usual diseases of childhood; otherwise her health was good, though she was always thin in flesh, but endowed with wonderful endurance. About the age of eighteen she had occasional attacks of tonsillitis; her tonsils were clipped, but with little or no relief from the attacks of sore throat. Menstrual life was normal, except the discharge was rather profuse.

In July, 1919, she began to feel that she was below normal standard in her health. She had some toothache, tonsils were in a state of chronic infection, and though not well she attended the M. E. Centenary at Columbus, O. During this month, while there, menstruation appeared, and she was on her feet almost all the time for a week. From Columbus she went to Wooster, O., where she was stricken with a chill and was sick in bed for ten days, most of which time she was unable to keep comfortably warm, even with the aid of artificial heat. The toothache now became continuous and the neck began to ache. She returned to her home late in July, 1919, had the aching tooth removed, and the X-ray showed at that time that there were other infected teeth, which were also soon removed.

In September she began to have stiffness and pain in the thumbs and

neck; by October the feet became swollen and painful, stiffness and soreness gradually developing until she became utterly helpless; even the jaws were so stiff that no food except something very soft or liquids was taken.

In October tonsillectomy was done, yet the disease developed until about January 15, 1920, when she went to Martinsville, Ind. There the baths weakened her to such an extent that she returned on February 15, 1920, utterly unable to walk or help herself. During this time several physicians saw and treated her. Little or no improvement followed the use of arsenic, bacterins, or large doses of sodium salicylate, but she was relieved to some degree by the use of aspirin and sleep was had from the use of barbitol.

She came under my observation in May, 1920. For some time she was given echinacea, dr. iv, rhamnus californica q.s. to make four ounces. A teaspoonful of this was given every four hours until the free action of the bowels made it advisable to reduce the dose. This was administered for weeks, first alone, then fortified with sodium salicylate, gr. xxx to xl, per rectum, three times daily. The pain was relieved to such a degree that a fair amount of rest might be had from barbitol. Later, however, such a degree of nervousness developed that the former prescription was discontinued and the following given: Macrotys (specific), dr. i; bryonia, gtt. xv; hyoscyamus, dr. ii; aqua, q.s. to make oz. iv. This was given every one or two hours in teaspoonful doses. The extreme nervousness was relieved and some rest had, but the patient could not move a hand or foot nor make the slightest movement in bed without assistance, and then with some suffering.

In June, 1920, blood count showed nothing suggestive except white blood count was 8,800, indicating foci of infection somewhere. She was removed to the hospital the same month, where the X-ray showed some necrotic spots in the gums where the teeth had been removed. These were opened and curetted. Examination of the digestive tract showed marked coloptosis with stasis. We now began the use of tincture of iodine in three to four drop doses every four hours. This was gradually increased to tolerance. When the stomach showed irritation we made use of the so-called soluble iodine of different pharmaceutical manufacturers' make. More improvement followed the use of iodine than any previous remedy. About December, 1920, my attention was called to a preparation of iodine by Eli Lilly Co., of Indianapolis. This is sold under the trade name of Oxyl iodine. Technically it is known under the name phenylchinconinic acid hydriodide. This is prepared in tablets of three grains and is recommended in doses ranging from one to three tablets three times daily for a few weeks, then a rest period, after which it is to be resumed. This was given in doses of one tablet only. Relief from pain, general improvement, and no iodine poisoning followed its use. Gradual improvement has followed. Painfully slow have been the exercises necessary to restore some measure of usefulness of the hands, arms and legs, but the improvement has been such that the patient now dresses herself almost without assistance, can feed herself, and with the aid of a cane gets about the house. She gets up and down into her chair without aid, which was one of the most difficult feats for her.

The use of the last named preparation of iodine has been continued, with intervals of rest, for several months. It has not given the patient any distress at any time and has benefited her more than any agent thus far prescribed, and her ultimate recovery seems assured, in as far as such a case could be expected to recover. The deposits about the joints are still marked, painful and produce much limitation of joint movement, yet the patient can play the piano sufficiently to amuse hereself and attend to her own wants in such a degree as to make her life worth living.

CHEMICAL ATTRACTION.

CHARLES WOODWARD, M.D., CHICAGO, ILL.

When treatng individuals affected with chronic diseases, I noticed that a majority have a deficiency in fats. It may be suggested that persons so affected do not eat a sufficiency of fats, yet we have the incontestable evidence of those who have eaten excessive quantities of it and still had a deficiency. When studying the physiologic action of functions we recognized the fact that the elements of the proximate principles have proportions which may fluctuate for a short time with little injury to the system, but when broken for a period produce intractable conditions.

Physiology is almost an obsolete subject, but the system possesses so many unsolved problems which cause and prevent restoration of health as to make its re-study profitable. The laity have an obscure idea of the necessity of fats in the system, but the blood of plethorics is more anemic than that of the marasmatics, and we want to know why. When the ratio of the acid and alkali secretions is broken for a period, digestion and oxidation are not well performed nor the required amount of electro-vital energy generated. This should be sufficient proof that the proximate principles require certain proportions for maintaining a standard organism.

Beneficial results obtained while treating chronic diseases, by increasing the fats in the system, is all the evidence necessary that an excessve cell salt of the proximate principle of the first class destroys the non-nitrogenous oils of the second class, and changes the ratio and nutritive adequacy of the third class.

Physiology is compiled from an examination of healthy elements and secretions, but we want to know why the supply of a deficient cell salt or an indicated remedy do not restore an unobstructed physiologic function Administering a remedy of high or low potency and noticing its exacerbating effects does not give us this desired knowledge, simply because it does not restore the displaced chemicals of the body constituents. This knowledge can be acquired only by long clinical observations of how certain foods change the aspect of the skin, weaken the cells, and diminish the capillaries, by displacing the elements of the proximate principles.

Have we, heretofore, been able to tell why we proscribe certain foods and suggest others? Practitioners have proscribed coffee, without noticeable

improvement by the patient. Coffee is an irritant stimulant of the nervous system, but it neither forms nor destroys chemical proportions of the proximate principles. Tea, although stimulating the nervous system, does not displace the elements of the proximate principles. Crude sugar, being treated with sulphuric acid, breaks the chemical ratio of the first class and destroys the fats of the second class. The system is then unable to protect the nervous system from atmospheric changes, and by fermentation it develops double the amount of stimulating poison (dioxide, CO^2, gas) as it does of the nutritive alcohol. Most of the sugar and candy eaters are subject to neuralgias.

Sodium chloride, an inorganic cell salt, when excessively eaten disproportions the cell salts of the first class; destroys the oily substances of the second class; breaks the ratio of the elements of the third class; prolongs chemical reactions; sensitizes the afferent nerves with reflex irritations, which pervert the action of the sympathetic nerve over all the physiologic functions; overstimulates the cells, resulting in ptosis; and diminishes the capillaries by a determination of the blood by reflex irritation.

If any one understands how different foods break the ratio of the acid and alkali secretions and displace certain elements of proximate principles he will be able to give a philosophical reason why certain nourishment should be proscribed.

It may be of interest to describe a woman's condition when she called for relief and this method of determining her maladies:

Mrs. K., aged thirty-five, had her teeth, tonsils, appendix. uterus and ovaries removed; physicians had determined that one after another of these ogans was producing pus, which, entering the blood, was the cause of her illness, but their removal brought only temporary relief. By the food marking method of determining her illness I found cell ptosis; diminished capillaries; a slatish colored, moist skin; perspiration without the natural odor; general relaxation of tissue, accompanied with fatigue; pulse 88, indicative of local reflex irritation; temperature 97.8, sensitive to cold; sugar in her urine and its acidity only 15 degrees, 15 below normal; catarrhal colitis; flatulency from perverted bile, pancreas and intestinal secretions; nervousness and restless sleep. Here is a group of physiologic perversions which some agent or agencies had produced by disproportioning the cell salts, destroying the fats, perverting the chemical elements, fluctuating the acid and alkali secretions, diminishing the capillaries by determining blood and secretions to the internal organs for controlling irritations.

Ths woman ate excessively of salt mackerel and smoked herring; she had been advised to eschew sugar, and did so for six years, on account of a diabetic symptom, which it did not improve. As she did not have a coffee complexion I thought it logical to proscribe sodium chloride, because it is the only inorganic element which enters the blood as nourishment in excessive quantities. By prescribing dilute hydrochloric acid, oz. jss; aqua q. s. oz. iii; M. Sig.: One dram added to a beaten up egg and milk, oz. viii, taken before the morning and evening meals, it improved digestion, oxidation and restored the acid ratio to the secretions; olive oil increased the fats; anointing once a week, followed by dry-towel rubs every morning, refilled the capillaries and assisted excretions. The introduction of five ounces of a carbolated solution of sulphate of magnesia into the colon every morning after evacuation of the

bowels controlled infection, colitis and reflex irritation, which slowed the pulse. By prescribing calcarea fluor., 3x, grs. x; distilled hamamelis, oz. ss; fl. ext. or specific med. ergot, oz. ss; aqua q. s. oz. iv; M. Sig.: one dram every three hours, tonicity was restored to the cells, muscles, osmosis and metabolism.

It can scarcely be substantiated that the majority of diseases are attributed to the invasion of parasites when it can be proved beyond a doubt that an excessive cell salt entering the plasma displaces other inorganic elements, empties the capillaries, destroys the fats and perverts osmosis and metabolism.

DISCUSSION.

Q.: What proportion of salts do you use for colitis?

A.: This is a home treatment. I use a pint of water with a dram or two of sulphate of magnesia; put in a fountain syringe and clean the rectum out every fifteen or twenty hours. Have the bowels move regularly. I have not seen a case of colitis that did not get well under this treatment.

To Remove Drug Stains From Skin and Linen.

For iodine, moistening with ammonium or sodium thiosulphate. For silver nitrate, washing with a 10 per cent. solution of potassium cyanide or 10 per cent. potassium iodide. The yellow silver iodide spots are removed with sulphurous acid. Ten parts each of mercuric chloride and ammonium chloride in eighty parts water will clear the skin of silver nitrate spots. For chrysarobin, rub with benzol (benzene). For resorcin, weak citric acid. For picric acid, leave the spot in contact with potassium sulphate for one minute, then wash with abundance of soap and water. Or apply a paste of magnesium carbonate in water to the spot and after a time rub it off. Old pyrogallol spots cannot be removed. More recent spots can be treated by warming in contact with a 10 per cent. solution of iron sulphate until it turns a bluish black; then apply water freely and afterward a solution of an oxalate, rinsing abundantly. The procedure has to be repeated. For coal tar colors, spirit of soap. For argyrol, mercuric chloride solution; effect is instantaneous.—*Critic and Guide.*

The Passing of the General Practitioner.

The unfortunate individual who by reason of the obscurity of his symptoms is sent from one specialist to another often looks in vain for the only one who can interpret, weigh the value of and fit in place the seeingly unrelated parts of the puzzle, the well-equipped broad-visioned, experienced general practitioner; the humanizer, as someone has fittingly expressed it, of medical practice. With his disappearance, except in some of our rural communities, disappears also that cherished, often sacred, relationship between the doctor and patient, the personal side of practice.—M. Nicoll, Jr., *Health News,* 15:305 (Dec.), 1920.

The National Eclectic Medical Association QUARTERLY

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THE INDIANAPOLIS MEETING.

The fifty-second annual meeting has passed into history, and we now look forward to the coming meeting. The ink has scarcely become dry on the page before arrangements begin to be made for the forthcoming meeting.

The Indianapolis meeting was good and much work accomplished, and, we trust, some history made. The attendance was good but hardly what we anticipated, meeting as we did right in the very center and stronghold of Eclecticism. When men will travel hundreds of miles to attend these meetings, surely those living within hailing distance ought to spare the time and expense incident to attendance.

It is unjust to those who spend both time and money for our success to be criticised by those who remain at home, unwilling to devote a day or an hour to the general welfare.

Whilst the attendance was good, not as many states were represented in the House of Delegates as at the Colorado Springs meeting.

The work of the Committee on Arrangements and Entertainment was well performed, and, we feel, passed off as intended. Only words of commendation were heard. The banquet and entertainment Wednesday night was very much in the nature of a love feast and terminated as a patriotic meeting, where loyalty to our cause and alma mater were avowed and in some instances substantially pledged.

There is only one way for us to succeed, and that is not by the passage of high-sounding resolutions and attestations of loyalty. It requires something more substantial. It requires everyday loyalty, financial and moral support. If we do not have and exhibit our faith, how can we expect others to do so?

I have wandered far afield from my original thought. I intended to call attention to our 1923 meeting—the necessity of preparing for it; of promptness in responding to letters; of making preparation for your forthcoming

essays; of wholehearted and generous support of those whom you have selected to guide and direct the policies of the Association the coming year. One fact should be remembered, the Association and its policies are what you make it. If you do not help shape them, you have no moral right to criticise.

There are a few who criticise and make wonderful promises at a meeting, but it would require an explosion of dynamite to secure an expression or response to a letter during the interim between meetings. Your assistance is needed three hundred and sixty-five days in the year, not just at the three days of meeting, or the few minutes you are in attendance at the sessions.

M.

DOCTOR DOES NOT APPROVE.

We clip the following from the Lincoln (Neb.) *State Journal* of June 28:

"Dr. F. L. Wilmeth, of Lincoln, has replied to a letter sent by Dr. H. J. Lehnhoff, of Lincoln, district councillor of the state medical society, to all physicians in his district. A similar letter enclosing a paper read by Dr. Fouts, of Falls City, at the recent meeting of the state medical society, was mailed to physicians in all other districts in Nebraska. Dr. Wilmeth's reply is in this form:

"LINCOLN, NEB., June 27,

" 'H. L. LEHNHOFF, M.D., Lincoln, Neb.

" '*Dear Doctor:* Your letter and copy of the paper written by Dr. Fouts received in due time, with your request that I assist in cleansing the medical field by advocating the election of those legislators only who will be willing to pass such laws as will outlaw the chiropractor and the osteopath. Now, doctor, you know that I appreciate you both personaly and professionally, but I want to ask you if you do not think this request on your part is getting just a little bit into the already overtaxed credulity of we Eclectics, and, while I am not speaking for them, the Homeopaths also.

" 'I had hoped many years ago and until recent years that the medical profession, Eclectic, Homeopathic and so-called regular, could get together, associate, amalgamate and, from the practice of these branches, correlate a practice that would be reasonably complete and one which we could all approve.

" 'The Eclectic and Homeopathic legislative committees introduced such a bill in the last legislature and it would have passed but for the opposition of the representatives of the same society which is now asking me to assist in the election of a legislature which will be subservient to the wishes of a few doctors.

" 'I am informed also that to defeat the measure that required the medical school for which we all pay taxes to teach all that was curative in medicine, the representatives of the so-called regular committee secured the assistance of all the Christian Scientists of the legislature to defeat the bill requiring the teaching of curative medicine in return for the assistance of the friends of the former in passing the well-known Christian Science bill.

" 'Doctor, I am sure that you and I agree that no man should be permitted to practice the healing art without proper education, but with the limitation of the educational advantages which our state at this time is ignoring and preventing the young doctors from receiving and to which they have a right, I see no reason why the dear people which the doctor in his letter assumes to

be protecting should be prevented from "trying" the osteopath or the chiropractor or the Christian Scientist after the "regular" or other doctors have practically pronounced the death sentence.

" 'I may say that I am not assisting or catering to any or all of these pathies or the scientists, neither do I have any cause to complain of any of them "getting my business."

" 'If you will answer these questions I shall be pleased to ask yet others why we should not comply with your request. Yours truly,

" 'F. L. WILMETH.' "

Unfortunately, there is more truth than poetry in what Dr. Wilmeth writes. Medical legislation, to which there seems to be no end, is responsible for the condition that now exists. No one is regulated but he who attempts to conform to the laws of the several states. The ease with which all "cults" escape from the talons of the law convinces me that if some one would carry many of the restrictive measures of examining boards and their rulings on colleges, etc., to the higher courts they would be declared unconstitutional. Surely, no self-appointed board, without a scintilla of legislative sanction or enactment, ought to have a right to say who shall or shall not practice medicine. The same condition holds true regarding foundations, that presume to say what shall or shall not constitute a school.

FACTS AND FANCIES.

A very interesting article from the pen of Gordon Wilson, M.D., appears in the A. M. A. journal which is both instructive and entertaining. The title is "The Advantages and Limitations of Clinic or Group Medicines." I desire to quote from it literally, as the author points out in a pleasant way the results of some of the fads and fallacies of medicine and the dangers of the overdoing of some things which are valuable when properly weighed, but which also result in evil in the hands of enthusiasts or our over-zealous specialists. To do the matter justice the entire article should be read. In this paper he limits the discussion of "group practice" to what is generally understood as consultation practice, in which the patient seeks other advice than that of his usual medical adviser or his physician seeks consultation.

In trying to ascertain the causes leading up to this radical change in procedure it is well to visualize the conditions of medical and allied sciences during the preceding quarter century.

Medical education in this country was essentially clinical and showed but moderate advance and improvement from its beginnings in the opening of the nineteenth century up to 1906, at which time the number of schools had increased to a total of 162, the maximum number ever reached; the greatest number of matriculates, however, was in 1904, in which year more than 28,000 students were matriculated.

Then came the work of Pasteur and other scientists, which necessitated the recasting or moulding of medical education and the necessity of devoting more time to the teaching of the scientific branches, and as a result of this

and the increased demand of medical education there has been a decrease in the number of colleges, which today is sixty.

The leading physicians of the country, as a class, at the time of the broad recognition of the success of the Mayo clinic, which was probably the first successful start of group medicine, were men who had graduated in the period prior to the marked improvement in medical education, and for that reason many of them had only a theoretical knowledge of scientific advances, and were, in a measure, incapable of using these advances to their best advantage. It was during this time that specialism made its great advance, as a result not only of the advances of medicine proper, but also of the advances and discoveries in kindred sciences. Whilst these tended to the development of specialism, there were also a few which allowed the general practitioner to encroach upon the specialist's field also. The formation of new specialties, and growth in all, made it impossible for the interest to keep abreast of this rapid advance in knowledge, though to a far less extent than is generally supposed in the diagnostic side as contrasted with the operative or therapeutics. A greater factor in the growth of group practice is the wide acceptance of the theory of "focal infection" as a cause of disease, and the development of surgical technic to the point that the immediate danger from an operation is so slight that frequently the operation is used, like quinine, as a therapeutic test, and, like quinine, fails to cure the condition.

This wide acceptance of the "focal infection" theory, both by the profession and the public, played a large part in the growth of the specialism, since it was believed by the public and by the profession that only the specialist was able to determine whether or not a tissue (or organ) was diseased. The amount of literature is so vast that no one can keep abreast of it, and yet few realize that this literature is controversial to a large degree and contains relatively little pertaining to diagnosis.

Today the difficulty in determining the focus of infection, or portal of entry, is not in finding a tissue that is pathologic, but in deciding whether the lesion is "historical" or healed, or whether it is active.

The tonsils and teeth are most frequently looked on as offending members; and can we always, or even frequently, tell whether a lesion is healed or not? Laryngologists today differ as to tonsils, some condemning the submerged, others the hypertrophied, others again showing adhesions or atrophic, while some judge by the degree of enlargement of the tonsillar glands. We have heard others unhesitatingly advocate the removal of all tonsils. A few years ago any tooth was condemned at once if a Roentgenogram disclosed bone absorption around the apex, but careful scientific work has taught that these areas are frequently sterile, and remain so, and play no part in metastatic disease. Two cases are cited to show that even extractions of teeth are not always minor events. Cases coming under my own observation have demonstrated the necessity of care in our conclusions in this particular source of infection.

"The difficulty of determining activity of disease elsewhere than in the area cited is, on the whole, more difficult than when tissue can be seen. Brown, in discussing the after-effects of operations on the upper abdomen, has shown that diagnostic operations, unlike quinine, are not harmless."

The author then discusses the individual and the group. In the individual consultant an important factor is the feeling of individual responsibility that cannot be present to the same degree when the "buck can be passed" so readily as in the diagnostic clinic. Professions and occupations have many points of contact where organization is concerned, and in that broad twilight zone having to do with human nature.

Business has learned, as indicated by such terms as "soulless corporation," that superorganization has its penalties and the trend to day in political development is to individualize responsibility, as leading to efficiency. A claim made frequently for the diagnostic clinic is, that through the thoroughness of numerous examinations diagnoses are arrived at that would be missed by the trained diagnostician. This is true in a very small percentage of cases, this percentage depending entirely on the ability and routine of the consultant as compared with the diagnostic head of the group. If all diagnostic tests caused no discomfort, pain or danger, it would undoubtedly increase the percentage of early diagnoses to use all tests on every patient; but I doubt whether any clinic or group has adopted, for example, routine cystoscopic examination which would, from time to time, disclose a bladder tumor when no signs or symptoms had arisen to direct attention to its possibility. A danger today of clinic or group medicine is the doing of unnecessary things at the patient's expense in time, pain, danger or cash expenditure.

"Suppose a physician directs these researches; the very fact that he has to call in the help of others implies that he is not able to detect the phenomena produced by disease; and if he is not capable of doing this, how can he be qualified to assess their value?"

The discussion so far has dealt more with what interests the physician—diagnosis—as contrasted with what interests the patient—therapy; and there is evidence that group medicine today is leaning to that fallacy of all medical cults—the treating of disease rather than the patient. Any one who has had experience with good hospitals and sanatoriums, both large ones and small ones, knows that the therapy is better in the small one through individualism, necessarily lacking to the same degree in a large hospital, which must have organization to exist.

We have not always used quotation marks to indicate the author's language, as we have practically used it verbatim, only omitting such portions as we thought were not germane to the title.

Recently a relative was narrating his daughter's experience in a large hospital in a nearby city where group practice is rampant. The daughter was confined and had her obstetrician. It was found necessary to feed the baby, so a pediatrician was consulted. The child developed a slight conjunctivitis, so an eye specialist was consulted. The daughter developed

some intestinal trouble, so an internist was called—to do that which is daily accomplished just as well by the general practitioner.

The article is certainly instructive, and caused me to mentally review the facts and fallacies of medicine as I have witnessed them come and go in an active life of nearly forty years. M.

NEWS AND NOTES.

California.

The forty-ninth annual meeting of the Eclectic Medical Society of the State of California was held May 25 and 26, 1922, in Roosevelt Hall, 730 South Grand Avenue, Los Angeles, Calif. The session was opened at 10 A.M., May 25, with the president, Herbert T. Cox, M.D., presiding. The morning was devoted to the transaction of business and the reports of committees. In the afternoon the literary program was taken up, which proved very interesting and was very well discussed. The following day the literary program was continued and the president's address was given. The attendance from the southern portion of the State was good, but the norther portion was poorly represented.

It was voted to send the papers read at the California meeting to John K. Scudder for publication in the Eclectic Medical Journal, if he so desired, since the California Eclectic Medical Journal had ceased publication.

The afternoon of May 26, officers for the ensuing year were elected as follows: President, J. C. Reinsmidt, M.D., Los Angeles; vice-president, T. C. Young, M.D., Glendale; recording secretary, H. C. Smith, M.D., Glendale; treasurer, J. A. Munk, M.D., Los Angeles. The next meeting place was left to the officers to choose.

Florida.

Dr. Roger Lee is located at 2212 Seventh Avenue, Tampa.

Dr. Paul C. Roming has removed from Leesburg to 310 Union Trust Bldg., Parkersburg, W. Va.

Dr. A. O. Bannon has removed from Cartersville, Mo., to DeFuniak Springs.

Georgia.

Dr. W. M. Durham has removed from Union Point to 305 North Lake Drive, Atlanta.

Illinois.

Dennis Rupp, M.D., has moved from Armington to 602 People's Bank, Bloomington.

John Dill Robertson, M.D., has been elected president of the Board of Education of Chicago.

Indiana.

Dr. Chas. A. Tindall, of Shelbyville, has an accurate record of attending 2,188 mothers in confinement during the past thirty-four years.

Dr. Jesse W. Bowers, of Ft. Wayne, has been appointed as the Eclectic

member of the State Board of Medical Registration for a period of six years, succeeding Dr. Paul R. Tindall.

Dr. Bowers is a member of the staff of the Lutheran Hospital.

Dr. J. Stanley Brown has moved from Sullivan to Carlisle.

Dr. W. H. Haifley has removed from Muncie to Route No. 2, New Madison, Ohio.

Rudolph R. Remark, M.D., has removed from Brookville to Harrison, Ohio.

William A. Hare, M.D., has moved from Peru to 508 Lindsey Street, South Bend.

Kansas.

The Kansas State meeting was held in Wichita, June 6 and 7, with a good attendance. The officers-elect are: President, R. E. Michener, Mulvane; vice-president, W. Maxey Joy, Kansas City; secretary, J. C. Entz, Salina; treasurer, E. B. Parker, Osage City. The following resolution was adopted: *Resolved,* That the Kansas State Eclectic Medical Association place themselves on record and inform the Eclectic member of the State Board of Registration and Examination that we are unreservedly opposed to the so-called Federal Board of Examination.

Dr. Chas. Simmons has removed from San Diego, Calif., to 721 Massachusetts Street, Lawrence.

C. R. Nelson, M.D., has moved from Jamestown to Concordia.

Kentucky.

Dr. Wm. Howe Fuller is located at Mayfield, assisting his father, who is ill.

Missouri.

Dr. George E. Miller, formerly of India, is now at 1501 Locust Street, St. Louis.

The fifty-third annual meeting of Missouri Eclectic Medical Association was well attended. Dr. W. E. Kinnett, of Peoria, Ill., was present and addressed the convention. Dr. T. A. Son, of Bonne Terre, was recommended for reappointment on the State Board of Health. Dr. A. F. Stephens offered a prize of ten dollars to be awarded next year for the one who could write the best paper for the section of materia medica and practice of medicine. Dr. W. A. Smith, of St. Louis, offered another ten dollars for the best paper on mental and nervous diseases.

The following officers were elected for the ensuing year: President, D. M. Custer, M.D., Durham; first vice-president, C. H. Rigg, M.D., Middletown; second vice-president, Mae Harris, M.D., St. Louis; third vice-president, W. A. Smith, M.D., St. Louis; recording secretary, W. E. Aubuchon, M.D., Leadwood; corresponding secretary, J. S. Rinehart, M.D., Springfield; treasurer, A. W. Davidson, M.D., Poplar Bluff.

Nebraska.

Harry Guy Brown, M.D., is serving as one of three resident physicians on the staff of the Lincoln State Hospital. Dr. H. H. Spaulding is assistant superintendent.

Dr. C. C. Drummond is now located at 1527 M Street, Lincoln.

Dr. W. A. Burke has removed from Baelus to Monroe.

New York.

The following special committee has been appointed by the Scudder Medical Association to interview prospective medical students in and about New York City and try to induce them to matriculate in the Eclectic Medical College: George R. Vann, M. K. Hertz and M. G. Blutstein. The alumnal committee for the same purpose is composed of David Foreman and Clarence J. Ohlhaus, both of whom are resident physicians in the Cumberland Hospital of Brooklyn.

Arthur M. Bird has removed from Cato to Sodus.

Dr. A. Gilman is located at 48 E. 100th Street, New York City.

Dr. Maude C. Maltaner is at 250 W. 70th Street, New York City.

Dr. Anna W. Bloomer is at 309 W. 86th Street, New York City.

Dr. Hyman Bashein is resident physician in charge of the Scarlet Fever Service at the Willard Parker Hospital.

Julian Robinson is practicing at 421 Neptune Avenue, Coney Island, Brooklyn.

New Mexico.

Dr. James Yates has moved from Corona to Plains.

Oklahoma.

Dr. H. G. Zink has removed to 307 Security Bulding, Tulsa.

John C. Hubbard, K. C. U. '18, who for several years served in the Federal Health Department as quarantine physician at Cristobal, Canal Zone, has returned to the United States and is now located at 201 Security Building, Oklahoma City. He is a member of the State and National, and has recently become a contributor to the Annual Endowment Fund of the Eclectic Medical College of Cincinnati, Ohio.

Ohio.

Guy T. Wasson, E. M. C. '08, who was health commissioner of Jefferson, has recently moved to Bucyrus.

That the colored race in Ohio has more than three times its share of tuberculosis compared to that of the white race, despite the fact that they form only 3.1 per cent. of the population of the state, is shown by figures compiled by the division of industrial hygiene of the State Department of Health for the period from 1915 to 1920. The colored population of Ohio at the present time is over 190,000, and 3,442 deaths from tuberculosis occurred in the race in the five year period. The figures also show that Ohio negroes had twice their proportionate share of typhoid fever in the period and more than twice their share of whooping cough. The cancer and scarlet fever death rates were found to be lower than in the white race, although cancer mortality is on the increase among negroes.

Dr. J. J. Martin, of Bucyrus, has resigned as health commissioner of Crawford County and moved to California, where he will probably locate permanently. Dr. Martin has practiced here for twenty-four years.

Dr. J. Fred Wuist, of Dayton, has been appointed as a member of the Board of Medical Examination and Registration, succeeding Dr. S. M. Sherman, of Columbus, who has been a member since the organization of the board.

The following is a resolution adopted by the Columbus Academy of Medicine: *Resolved,* That a vote of appreciation be extended by the Columbus Academy of Medicine to Dr. S. M. Sherman for the uniform courtesy, the eminent fairness and the sound judgment which he has always manifested in his conduct of the affairs of the State Board of Medical Registration and Examination, from which he has just retired after twenty-five years of most acceptable service. (Adopted, June 5, 1922.)

Dr. B. H. Nellans has removed from 4730 Carthage Avenue to Tower and Washington Avenues, St. Bernard, Cincinnati.

Dr. Walter B. Sloan has removed from Liberty Center to Arcadia.

Dr. P. E. Decatur has removed from Hamilton to Kenton.

Dr. F. W. Trinkle has removed from 639 W. McMicken Avenue to 2327 W. McMicken Avenue, Cincinnati.

Dr. French N. Smith is located at Dalton.

E. P. Zeumer, M.D., at 3357 Arrow Avenue, Pleasant Ridge.

Dr. Estel M. Johnson is located at 1355 South Street, Toledo.

Dr. Edward H. Long, of South Vienna, has gone to Vienna, Austria, for post-graduate work in nose, throat and ear.

Edward A. Grad has opened an office at 4403 Glenway Ave., Cincinnati.

George E. Miller, who has been acting as medical missionary for the United Christian Missionary Society at Mundali, India, for many years, is now on a year's leave of absence visiting in Ohio.

Luther M. Githens has moved from Elgin to Wren.

Guy R. Fromm is attending the New York Post-Graduate Medical School and Hospital, specializing in surgery.

Dean's Remarks at Commencement.—The Eclectic system of medicine was begun in New York City in 1826 by Dr. Wooster Beach, who established the Reform Medical College, which was later removed to Worthington, Ohio, a suburb of Columbus, in 1833, and later in 1834 was removed to Cincinnati and chartered by a special act of the Legislature as the Eclectic Medical Institute in 1845. The name was changed to the Eclectic Medical College in 1910.

During the past seventy-seven years the College has matriculated 14,585 students (counting duplicate matriculations) and has graduated 4,298 physicians, of whom about 100 were women. At the present time, 1,558 of these graduates are living and in active practice in various parts of the United States and in several foreign countries.

During the past session we have had eighty-seven students enrolled, and this evening we confer the degree of Doctor of Medicine upon thirty-four young men. The following members of the graduating class have secured resident interneships in the following hospitals:

John A. Bernard, to the Booth Memorial Hospital, Covington, Ky.

Clarence J. Carpenter and Dean W. Harris, to Grace Hospital, Detroit.

Andre A. Castaldi and Dominick Parella, to Cumberland Hospital, Brooklyn, N. Y.

H. Ray Chester, to the Springfield, Ohio, City Hospital.

Spurgeon S. DeVaux, to Sacred Heart Hospital, Allentown, Pa.

Charles H. Edel, to New Rochelle, N. Y., Hospital.

Abraham Framer, Wm. Howe Fuller and I. Kaminstein, to Metropolitan Hospital, New York City.

Morris Fried, to Metropolitan Hospital, New York City.

Don C. Gaskins and Robt. L. Lawwill, to St. Elizabeth Hospital, Covington, Ky.

Samuel H. Gerber, to Ann May Hospital, Spring Lake, N. J.

F. Peter Herman, to St. Mary's Hospital, Detroit, Mich.

Joseph H. Kneisley and Vernon J. Sloan, to Bethesda Hospital, Cin'ti, O.

Paul J. Love, to Mercy Hospital, Toledo, O.

Glenn R. Longnecker, to Deaconess Hospital, Cincinnati, O.

Abraham J. Mendelsohn, to Bridgeport, Conn., City Hospital.

Ira C. Myers, to Fairview Park Hospital, Cleveland, O.

Dwight R. Sipes, to Harrisburg, Pa., Hospital.

Charles H. Wohrley, to Fairview Park Hospital, Cleveland, O.

Charles Weiss, to Bellevue Hospital, New York City.

The others will enter the practice of medicine immediately.

During the past twenty years the entrance requirements for admission to the study of medicine has steadily been increased from graduation from a first grade high school to two or more years of pre-medical college work along special lines, in a recognized college or university. During this college course a student studies Physics, Chemistry, Biology, English and any other modern language.

The medical course now consists of four years of eight months each of instruction, and, following graduation, a severe State Medical Board examination for subsequent registration. Those passing the Ohio State Medical Board are later eligible to reciprocity in twenty-nine additional states.

Ohio State Medical Board.—The regular quarterly meeting of the Ohio State Medical Board was held in Columbus, July 10 and 11, 1922. All members present except Dr. Sawyer. Dr. J. G. Blower, of Akron, and Dr. J. Fred Wuist, of Dayton, two newly appointed members, were present. Out of 166 applicants who took the June examination, 160 were granted physicians' licenses; 6 Osteopaths out of 8 passed; 14 Chiropodists out of 15 passed; 1 Chiropractor passed the written and practical examination and 1 failed; 2 Cosmetic Therapists were licensed on examination; 2 Masseurs failed, and 3 Midwives passed. The following reciprocity certificates were granted on the basis of previous State Medical Board examination:

S. R. Boykin, Tulane '16, Miss. '16, to Toledo.

W. H. Brown, Jefferson '06, Penn. '06, to Mansfield.

R. A. Diethelm, St. Louis Univ. '21, Mo. '21, to Toledo.
C. J. Golinvaux, St. Louis Univ. '21, Iowa '21, to Toledo.
R. C. Hood, Johns Hopkins '16, Md. '17, to Cincinnati.
R. C. Hough, Jefferson '20, Penn. '21, to Salineville.
E. H. Hubner, New York Hom. '21, New York '21, to Cedarville.
Frank Lande, Louisville '21, Ky. '21, to Cincinnati.
T. F. Ohagan, Queens Univ. '1900, Wash. '09, to Cleveland.
A. J. Regent, St. Louis Univ. '21, Mo. '21, to Toledo.
Mary B. W. Sanford, Women's Coll. '99, N. Y. '08, to Mentor.
L. M. Timko, Univ. Md. '21, Md. '21, to Cleveland.

The following Illinois licentiates were certificated on an additional practical examination only:

H. K. Begg, Northwestern '18, Ills. '18, to Cleveland.
H. V. Wilburn, Ill. Univ. '20, Ills. '20, to Cleveland.
R. C. Young, Rush '20, Ills. '21, to Toledo.
P. S. Curran, St. Louis Univ. '21, Mo. '21, to Cleveland.
F. E. Downs, Univ. Penn. '18, Calif. '19, to Toledo.
M. S. Zervos, Nat. Univ. Athens '11, W. Va. '20, to Steubenville.
Mary B. Newill, Woman's M. C. '90, Ind. '16, to Painesville.

All of the twenty-two graduates of the Eclectic Medical College for the year 1922, who took the examination, passed. They were: J. H. Kneisley, D. Parrella, F. J. Gaspard, I. C. Myers, H. W. MacMillan, C. H. Edel, S. S. DeVaux, E. M. Morris, R. H. Herman, F. C. Burket, V. J. Sloan, D. R. Sipes, D. C. Gaskins, P. J. Love, H. R. Chester, J. A. Bernard, S. R. Gerber, G. R. Longnecker, A. J. Mendelsohn, R. L. Lawill, E. C. Morey and I. C. Wohrley.

Pennsylvania.

Dr. Jacob Biles has moved from Wyalusing to 4 Weston St., Towanda.

Dr. Ethel M. Johnson has removed from Greenville to 1355 South St., Toledo.

South Dakota.

The Eclectics and Homeopaths met in conjoint session in Sioux Falls, June 6 and 7. Wm. P. Collins, M.D., of Howard, is the secretary.

D. D. Raber, M.D., has removed from Buffalo to Bloomington, Ill.

Dr. W. I. Kingsley has removed to California.

Texas.

Dr. H. Trask has removed from Rockport to 408 Moore-Bennett Bldg., Houston.

Dr. Geo. H. Candlin has removed from Alpine to Dolores, Webb County, where he is employed as physician and surgeon by the Cannel Coal Co.

West Virginia.

Dr. J. H. Thornburg has removed from Stow to Cribs, Logan County.

Dr. J. B. Simon has removed from Buchannon to Alexander.

OBITUARIES.

Armstrong, Wm. A., Philadelphia.

Bailey, Abner Byron, Bennett College of Eclectic Medicine and Surgery, Chicago, 1889, at Fennimore, Wis., May 23, aged seventy-one.

Brown, Eli L., Eclectic Medical Institute, Cincinnati, 1879, at Thornton, Ind., May 10, aged seventy-four.

Bennett, Benjamin F., Eclectic Medical Institute, Cincinnati, 1881, at Fullerton, Ky., May 9, aged seventy-nine.

Hague, J. A., Georgia College of Eclectic Medicine and Surgery, Atlanta, 1913, at Alton, Fla., aged thirty-eight.

Hayne, Joseph Albert, Georgia College of Eclectic Medicine and Surgery, Atlanta, Ga., 1913, at Alton, Fla., June 12, aged thirty-eight.

King, John A., Eclectic Medical Institute, Cincinnati, 1883, at Springfield, Ill., May 1, 1922, aged sixty-eight.

Latimer, Henry Horace, Bennett College of Eclectic Medicine and Surgery, Chicago, 1885, at Chicago, June 10, aged sixty-eight.

Mills, James W., Georgia College of Eclectic Medicine and Surgery, Atlanta, 1897, June 2, aged eighty-nine.

McCurdy, C., Eclectic Medical Institute, 1873, at Vermont, Ill.

Machette, G. N., McPherson, Kan., American Eclectic, St. Louis, 1878.

Meyer, Rudolph, Bennett College of Eclectic Medicine and Surgery, Chicago, 1903, at Chicago, April 14, aged forty-three.

McCrosky, James A., Iowa Eclectic Medical College, DesMoines, 1891, at Davenport, April 29, aged eighty-two.

Muller, John Frederic, Eclectic Medical College of the City of New York, 1877, at Brooklyn, N. Y., aged seventy-five.

Russell, Clayton N., Eclectic Medical Institute, Cincinnati, 1890, at Springfield, Ohio, July 13, aged fifty-six.

Redmond, Francis J., Eclectic Medical Institute, Cincinnati, 1891, at Fillmore, N. Y., March 28, aged fifty-five.

Rohde, Otto Henry, Eclectic Medical College of the City of New York, 1896, at Hollywood, Calif., June 24, aged seventy-six.

Smith, Edwin Eugene, Eclectic Medical Institute, Cincinnati, 1898, at South Rapids, Iowa, April 28, aged forty-eight.

Spiers, R. B., Bennett College of Eclectic Medicine and Surgery, Chicago, 1878, at Kirkland, Ill., May 12, aged seventy-six.

White, William Garland, Bennett College of Eclectic Medicine and Surgery, Chicago, 1882, at Jonesboro, Ill., May 3, aged sixty-eight.

Young, L. S., Georgia College of Eclectic Medicine and Surgery, 1880, at his home in Moreland, Pa., June 9, aged eighty-three.

Youmans, Wm. Greene, Bennett College of Eclectic Medicine and Surgery, Chicago, at Denver, Colo., May 29, aged seventy-seven. Member of National.

TO THE MEMBERS OF THE NATIONAL.

I take great pleasure in addressing you for the first time through the columns of this issue of the QUARTERLY. I want to thank you for the great honor conferred upon me.

To make the coming meeting a success we must all work hard and as a unit. I will call upon you in the near future individually for assistance. In the next issue I will announce the committees, and now thank you and ask you to respond promptly. Yours, MORSE HARROD.

MISCELLANEOUS.

Care of the Baby.

The "Care of the Baby," a new and enlarged edition of a former publication of the same name, is contained in the recent number of the weekly Public Health Reports of the U. S. Public Health Service and is now being reprinted for general distribution. Its eminent practical character is shown in the section on bathing the baby.

Baby, it says, should be bathed at least once a day. During hot weather one or two extra sponge baths may be given; but as a rule the daily bath should be a tub bath. It can be done more quickly and thoroughly, and the baby is not so liable to take cold. The room should be warm; an open fire is desirable in cool weather. The water should be comfortably warm, but not hot, about 90 to 95 degrees F. It may be tested with the bare elbow, never the hand. However, a bath thermometer is best.

Everything needed should be in readiness before baby is undressed. In a small wicker basket, painted white, should be kept a cake of pure white castile soap, a small bottle of olive oil, pure talcum powder, boric acid, four dozen safety pins of assorted sizes, and a roll of absorbent cotton. A clean wash cloth, clean towels, and a full set of clean clothing should also be in readiness.

To undress the baby, take the clothes off over his feet. If held on the lap, a large bath towel should be used to prevent his tender skin from coming in contact with the rough or worsted dress and to receive him when lifted out of the tub. More conveniently he may be undressed on a table.

Before putting the baby into the tub, wrap him in a small blanket or large towel, and wash his face, head and ears, being careful not to get soap into his eyes or mouth. Very little soap is needed. It is most important that the skin should be rinsed thoroughly. Pat the skin dry with a soft towel, taking care to dry well back of the ears and in the soft folds of his neck. The eyes should be cleansed with absorbent cotton dipped in boracic acid solution. Squeeze a drop into each eye, being careful to use a fresh piece of cotton for each eye. The mouth and nose then should be cleansed with an applicator dipped in boracic acid solution. An applicator is made by twisting a small tuft of absorbent cotton upon the end of a wooden toothpick in such a way as to make a rounded pad. If made correctly, the cotton will

not slip off readily. Be careful not to injure the ears. It is better to ask your physician or the nurse to show you just how to cleanse them correctly.

It is well to lay a bath towel in the bottom of the tub and put in only a small amount of water at first. If baby is plunged immendiately into a tub of water, he will be startled and may never enjoy a tub bath; but if the water is added gradually, while baby's attention is diverted to something else, he soon learns to enjoy the morning dip.

First soap the baby's entire body thoroughly; then place him in the bath, holding him with the left forearm under the neck and shoulders, the left hand under his arm, and lifting his feet and legs with the right hand. Support him while in the tub with the left hand and arm. Sponge the entire body with the right hand; then lift him out and wrap him in a bath towel. Dry carefully with the soft towel, patting the skin gently. Never rub the baby's tender skin with anything less smooth than the palm of the hand. A little pure talcum powder may be used in the creases and folds of the skin, under the arms and around the buttocks; but it should not be used so freely as to close the pores of the skin, and never should be used until the skin has been dried as thoroughly as possible with the towel. A highly perfumed powder hould not be used.

The bath should be given as nearly as possible at the same hour each day, at least an hour after feeding, and at first should last only about three minutes; later it may last five minutes. As the baby grows older and stronger he may be allowed to play in water for about fifteen minutes, for the skin absorbs some water, which is beneficial to the system, relaxes the muscles, and aids in overcoming many wrong conditions.

The Dose and Use of Strychnine.

Apropos our editorial on the dose of strychnine in the *Critic and Guide* for February, we reprint an editorial from the *Journal-Lancet* which will no doubt be of interest to our readers.

There is a popular impression that strychnine has always been regarded, not only by the medical profession, but by the lay people, as a cardiac stimulant. This has been disproved for many years. Its true value lies in the fact that it is a stimulant to the nerve cells, and therefore, if given in sufficient doses, it may stimulate energies which are temporarily in a state of suspension, but it does this through the nervous system. The idea of giving 1/120 grain, or even 1/60 grain, of strychnine is like using a homeopathic dilution. It has, under those circumstances, little or no value. It should be given as digitalis is given, with the idea of producing an immediate prop under the tissues which are likely to fall. Consequently, 1/20 grain is an ordinary dose. This can be given either by mouth, in tablet form, or hypodermically in this quantity, three to five times in twenty-four hours, without any damage. And in case of lack of nerve force, where the nerve cells require stimulation, the dose may be carried up safely to 1/5 grain at a time.—*Critic and Guide.*

NEW APPLICATIONS FOR MEMBERSHIP

July 1 to September 1, 1922.

Indiana.—Boram, H. B., South Bend; Rainey, Everett A., Lebanon; Hart, Howard C., Russiaville; McNeal, George L., Kokomo.

Kentucky.—Brown, Wales, Ordinary; Howe, Allie E., Grant's Lick.

Oklahoma.—Mutz, Agnes T., Bristow.

Pennsylvania.—Conrad, Earl K., Johnstown; Livingston, Edith R., Dunlo; Long, Frank H., Coopersburg.

South Dakota.—Cotton, Mary, Vermillion.

Kansas.—Fleckenstein, P., Herndon; Simmons, C. J., Lawrence; Elliff, Edgar A., Burr Oak; Joy, W. Maxey, Kansas City.

Ohio.—Blood, H. I., Middletown.

Michigan.—Fletcher, Chas. A., Kalamazoo.

New York.—Bashein, H., New York City; Bell, R. G., Buffalo; Bloom, Simon, New York City; Couden, J. S., Yonkers; Fiore, Ercole, New York City; Foley, Jas. J., New York City; Friedman, O. L., New York City; Frieman, David, New York City; Hovey, Walton, Buffalo; Lipschitz, L., New York City; Newman, Wm., Brooklyn; Ohlbaum, C. J., Brooklyn; Ohlbaum, J., New York City; Ploss, R., Brooklyn; Robinson, J., Coney Island; Schoney, T. F., Brooklyn; Slamovitz, Jas., New York City; Squillace, J. A., Brooklyn.

Connecticut.—Perry, J. O., Ridgefield.

New Jersey.—Bair, Roy R., Newark.

California.—Berry, J. L., Bell.

Illinois.—King, Richard I., Pontiac.

READING NOTICES.

Congestive Dysmenorrhea.—Dr. F. H. Davenport, A.B., M.D., Assistant in Gynecology, Harvard Medical School, in his book on "Diseases of Women" and under the above caption refers to the treatment of congestive dysmenorrhea and the use of anodynes. He says: "It is by all means wisdom to avoid in these cases, if possible, all the use of stronger sedatives and anodynes."

In referring to the use of medication in these cases, Dr. Davenport, in this most excellent work on "Non-Surgical Gynecology," says: "Hayden's Viburnum Compound has seemed to be the most effectual remedy of this class, given in hourly teaspoonful doses in hot water, for five or six times."

That Hayden's Viburnum Compound is of inestimable value in the treatment of dysmenorrhea is not only indicated by its employment by gynecologists of today, but in the past by no less an authority than J. Marion Sims, who prescribed it and recommended its employment.

Hayden's Viburnum Compound is not a narcotic and contains no habit-forming drugs. It is a product of known composition and as a uterine sedative it holds first place in the opinion of many physicians as not only a dependable therapeutic product, but a remedy which is safe to administer to

their patients. Given in teaspoonful doses, administered in hot water, it will prove most effective. Samples on request, New York Pharmaceutical Co., Bedford Springs, Mass.

Charles Stanley Merrell is a newcomer in the house of Merrell. He is the second son of Frederick F. Merrell, who is assistant to Thurston Merrell, the vice-president of the Company, and is the grandson of Charles G. Merrell, the president. For the present Charles Stanley is devoting himself to a series of practical demonstrations on infantile alimentation and metabolism.

Toward the building up of the general system and improving the condition of the nervous system, a reliable tissue reconstructive is necessary. For the purpose Cord. Ext. Ol. Morrhuæ Comp. (Hagee) is of high value. Under its administration the blood stream becomes richer and the body tissues grow stronger. The contained hypophosphites have a tonic effect upon nervous tissue. This comprehensive upbuilding influence of Cord. Ext. Ol. Morrhuæ Comp. (Hagee) gives it an unusual value in overcoming the condition known as chronic nervous exhaustion. A further advantage of this preparation of cod liver oil is that it is exceptionally palatable and may be used over long periods without causing distress.

Spasmodic Summer Complaint.—When intestinal troubles are so prevalent, accompanied by the usual manifestation, abdominal cramps, etc., nothing seems to relieve this distressing condition so promptly as Hayden's Viburnum Compound, a true and safe anti-spasmodic. Dose: Mix two teaspoonfuls in seven of boiling water, slightly sweetened, and drink as hot as possible. Repeat every half hour until relief is obtained. Be sure the genuine H. V. C. only is administered.

The vast majority of dyspeptics are simply unable to take care of the starchy foods they eat, and this disability involves, in time, the digestion of proteins also.

A powerful yet harmless starch-digestant is what is needed. Such a preparation, much more powerful than malt extract and more closely allied to ptyalin than to amylopsin, is the diastase marketed by Parke, Davis & Co. under the name of Taka-Diastase. It is very reasonably claimed by the manufacturers that a fair-sized dose of Taka-Diastase, taken with or immediately after the meal, enables the patient to dispose of the starchy elements of the meal so promptly that the proteins, exposed to the action of the gastric juice, are readily digested in their turn, and in many instances it is unnecessary to prescribe pepsin or any other digestive agent than Taka-Diastase alone.

Taka-Diastase is supplied, we understand, in capsules and tablets of 2½ grains each, and also in powder and liquid form. The usual dose is 2½ to 5 grains, or one or two fluid drachms of the liquid, although much larger doses may safely be given. Taka-Diastase seems to be harmless in any quantity.

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THE EVOLUTION OF SPECIFIC MEDICATION.

H. W. Felter, M.D., Cincinnati, O.

The chairman of this section, Dr. Best, has asked me to write upon "The Evolution of Specific Medication." That subject he realizes, perhaps, cannot be covered in a paper which must be kept within the time-limit imposed by the by-laws of this association. I have asked, therefore, and have been permitted, to touch briefly upon the historic aspect of the subject.

Specific medication was not born overnight. Unconsciously to its formulators, perhaps, it has crept into the therapeutics of all time. It is, indeed, an evolution—a little here and a little there having been contributed to its upbuilding from time to time throughout the centuries. Finally the fragments or particles came to crystallization to form the basis of a system of therapeutics. Fortunately the formulation of that system fell finally to the lot of a disciple of Eclecticism—John Milton Scudder.

Browsing one day, some years ago, along the by-ways of medical history, I came upon the following very significant utterances. They are contained in a book I hold in my hand—a book published in 1813, and therefore 109 years old and printed fifty-six years before the doctrine of specific medication as a therapeutic philosophy was given to the medical world, and to Eclecticism in particular. This book is an eulogium upon Benjamin Rush, M.D., pronounced in public before the South Carolina Medical Society in Charleston by Dr. David Ramsey, on June 10, 1813, Dr. Rush having died April 19 of that year. These utterances are significant in that they strike the keynote of our modern specific medication in referring to the futility of prescribing for the *"names of diseases"* and in declaring that the *"states of diseases"* or *"of the system"* should constitute the basis of prescribing. Let us quote:

"In his public instructions, the *name of the disease* is comparatively nothing, but the *nature* of it everything. His system rejects the *nosological arrangement of diseases,* and places all their numerous forms in morbid excitement, induced by irritants, acting upon previous debility. *It rejects, likewise, all prescriptions for the names of diseases,* and by directing their application wholly to the forming and fluctuating *state of diseases,* and *of the system,* derives from a few active medicines all the advantages which have been in vain expected from the numerous articles which compose European treatises upon the *materia medica.*" [Italics ours.]

This statement, so close to the modern conception of specific medication, as we have it today, is remarkable in showing how near one may come to the truth and yet not realize the whole truth. Both Dr. Rush and Dr. Ramsey were eminent physicians, the former in his day and generation the great leader and teacher of American medicine at large; the latter the most conspicuous in the Southern States. Moreover, Dr. Ramsey was an eminent historian, as his "History of South Carolina" attests. When Rush became a factor in Philadelphia he found as the prevailing medical belief the theory of Boerhaave, *which located diseases in the fluids of the body*—in fact, the so-called "humoral pathology." As Rush had his medical training in Edinburgh he naturally became biased in favor of *the spasmodic theory of disease,* as taught there by Cullen, and later, in America, by himself. However, no theory seemed with him a fixed fact, and he brooded and studied and reasoned over the many systems advanced before and in his day, for he lived close to and in the periods when "systems of medicine" chiefly engrossed the professional mind. He was a student, a delver into the writings of others. Moreover, he was a doubter, and believed that many who had theorized had missed the truth. Modest to an extreme degree of his own attainments, and especially as to his own views, he exclaims, *"Heu quantum nescimus"* (of how much are we ignorant).

Diseases, in Rush's day, were classified after the manner of botanists—into orders, classes, genera and species. Cullen's *Genera Morborum* enumerates by name 1,387 diseases, "each supposed to have something appropriate, and requiring, in some respects, different treatment. This embarrassing, perplexing mode of acquiring a knowledge of diseases," exclaims the historian Ramsay, "has been simplified by our American professor, who has substituted in its place *the state of the system.*" [Italics ours.]

Having sensed the truth, and yet failing to realize his full opportunity, Rush seemed to view her with strabismic vision. Indeed, he saw only a half-truth on the one hand, and deviated from his course on the other. In the attempt at recognizing the needs of "the state of disease" and "of the system," which, of necessity, must have been as wide as the variations of the "state of the system," he attempts the short cut of generalization, and, as his eulogizer proudly states, proceeded at once to a simplification of arrangement of "every morbid state of the system to be such as either required depletion or stimulation." These were the rocks upon which he stranded and lost in his pursuit of therapeutic truth. Through this double classification therapeutics was not benefited as he had expected it to be, but the practice of the art of healing became more and more vicious and chaotic, through the medicinal and surgical names advised to accomplish depletion and stimulation, and passed through the historic periods of mercurial salivation, excessive bleeding and blistering and other horrors that marked the career of medicine in the latter part of the eighteenth and first part of the nineteenth century. To break this vicious circle came the innovators—the irregulars—Thomson and Beach, and their followers, each with his own crude methods, to dissipate this horrible nightmare of vicious and destructive medication.

In 1825, Eclecticism, under the name of Reformed Medicine, came into being as a protest against the prevailing therapeutic practice, and as a feeble but growing effort at better medication. Later, Eclecticism, as such, set out in earnest to study native medicinal resources to displace foreign drugs, many of which and the most prominent of which were of mineral origin. The Eclectic, forced aside as a presumptuous innovator for opposing regular methods, had to rely upon himself, and in doing so turned first to nature—to the fields and forests, the mountains, the water courses and the swamps—for the means wherewith to fight disease. He chose largely the vegetable and rejected almost wholly the mineral or inorganic medicines. Necessarily his drugs were crude and his preparations bulky, often unsightly, and still more unpalatable. The powdered crude drug, the decoction and the infusion, and finally his hydro-alcoholic tincture and vinous concoctions, constituted his therapeutic armamentarium, and these were administered in huge and often disgusting doses. Notwithstanding, his medicines were effective, and his theory of therapeutics was an improvement upon that of his rivals. He differed, of course, not so much in opposing depletion as in opposing the means of depletion. His theory had the one saving grace—that of conservation of tissue and function. If, then, he resorted to depletion it was through harsh but less destructive means and measures than those of his opponents. Podophyllin supplanted the mercurial purges, and venesection and blistering he totally disregarded. He adopted the slogan, "Sustain the vital forces," stood by it, and kept in mind and practiced a system of therapeutics chiefly of empirical medication.

The years pass. Nothing noteworthy develops from that fragment of Rush's therapeutic philosophy that held so much of the promise of leading to a working system of therapeutic diagnosis. Finally we reach the year 1847. We find Professor John King, of the Eclectic school of medicine, driving the entering wedge into therapeutic systems—with the result of bringing out prominently the relationship between indications and the drugs to meet them. This was the beginning of specific medication as a theory of therapeutic dictrine. His remarkable paper appeared in the *Western Medical Reformer* and *Eclectic Medica lJournal* in 1847, and was titled "On the Appearancves of the Tongue." It opens with this significant paragraph:

"On the Appearances of the Tongue.—*Messrs. Editors:* I wish to direct the attention of Eclectics to several appearances of the tongue, and their *indications,* during the progress of the various forms of fever; from which, in connection with the other symptoms usually present, some information of a practical nature may be obtained. I am aware that 'to *feel* the pulse, and *look at* the tongue,' are with many physicians an indispensable part of their practice—yet after having thus performed they remain in as much obscurity concerning the condition of their patient as before. There is no propriety in looking at the tongue, unless we intend to gain some correct information from its appearances, which will be of advantage in our subsequent treatment. . . . . .

Now follows the first step toward specific medication, but not in as refined a form as that with which we are now familiar. It deals with the indi-

cations for elimination and the classes of eliminants—the emetic, the cathartic and the diaphoretic—emerging from empiric into direct medication based upon the relationship of drugs to indications.

"During the commencement of a fever, or in its first stage, . . . a torpid or slightly congestive condition of one or more organs takes place, as evinced by chills, headache, backache, yawning, restlessness, languor, etc. During this stage the tongue will generally be found *pale and moist* and the pulse slow and irregular, or, if the term may be used, 'it is sluggish.' One or two emetics at this stage, followed by cathartics, and then some sweats, will in almost every instance break up the disease at once. . . .

"In the second stage of fever, quick pulse, nausea, pains in various parts, difficult respiration, etc., and, in some congestive forms, sudden death, the tongue will be generally found coated *white,* indicating an excess of acid or negative matter in the alimentary canal. This coat is sometimes complicated with other appearances. . . .

"It is sometimes the case that during the whole course of a fever the tongue will remain coated white, indicating a mild degree of the disease; and in such cases many physicians have highly extolled alkaline agents, which, of course, would be beneficial. Others, having upon these recommendations employed alkaline remedies in similar fevers, have spoken of them as rather injurious than beneficial; these opposite results were owing to the fact that in the last instances these preparations were administered when the tongue was yellow or brown furred, and consequently were contraindicated. Similar results have happened even in yellow, bilious, and typhus forms of fever."

Here he makes closer distinctions and comes nearer to direct medication.

Next he approaches the indications for acids, but for acids in general, not in particular. He writes:

"In all severe forms of fever I am always pleased when I perceive the tongue to be *permanently* coated brown or dark, and pronounce my patients safe. . . . At this stage patients almost invariably crave negative drinks, as cold water, acids, etc., . . . I allow my patients to drink tamarind water, lemonade, orange juice, lime juice, and even cider and vinegar. In typhus cases cider will be found very beneficial, as its slightly stimulating properties very much lessen the disposition to prostration. As soon as the tongue loses its brown coat, and assumes the white, all acids must instantly be forbidden, and resumed only when the brown coat is fully established."

"I have often had patients with the bilious and typhus forms of fever, with tongues coated very dark, who, when asked if they would drink lemonade, orange juice or cider, would quickly brighten up, and eagerly exclaim, 'Yes, yes, but I would not ask for it, Doctor, expecting you would not allow me to have it.'

"I am aware that many authors recommend acid drinks in fever; not, however, as a remedial agent, but as a harmless, pleasant and grateful beverage, and principally from the fact that patients invariably crave such drinks; I believe, however, it has never heretofore been advised upon the above grounds.

"It is essentially necessary that the physician should know when to allow and when to interdict acids, for if allowed previous to the brown or yellow coat, and particularly if already coated white, all the febrile symptoms will certainly aggravated, and that stage of the disease considerably prolonged."

Thus was Dr. King the earliest to publish studies that led directly to the formulation of the doctrine of specific medication. This study of the condi-

tions of the tongue as indicative of certain abnormalities and the adaptability or non-adaptability of remedies therefor may be considered the pioneer paper in the study of Eclectic specific medication, though not then known under that name. The original paper in full was replete with theories concerning the electrical action of the fluids of the liver and digestive tract that are now known to be erroneous. It matters little now in what manner Dr. King attempted to account for such conditions and the effectiveness or failure of remedies, a common habit with physicians of the past as well as of the present time, the fact remains that his observations of conditions and the effects of remedies thereon were sound and are as tenable today as when first penned. This, so far as we are aware, is the first instance showing the indications for alkalines, and partially for acids, in medication in Eclectic or other forms of medical literature.

Dr. King's part in the formulation of these indications is conceded by Professor Scudder, who devoted the following editorial to the subject, giving Dr. King full credit for these observations, which have so long stood the test of time and experience:

" 'Among the goods which have been deemed mine, and which some other parties have been disposed to appropriate, is the diagnosis of an alkaline and acid condition of the blood, and the rational use of acids and alkalies. How many persons have known the facts before my day I can not say, but certainly some, and probably hundreds of physicians, maybe thousands, have been guided by the same rules for the administration of one or the other, or both. When I was a boy in medicine, our Professor King gave the alkalies for the very same reason, and guided by the very indications that we follow today. His teaching was explicit: "If the tongue is *pallid,* give an alkali, usually bicarbonate of soda." But of acids he only said this: "If the person desires an acid, give it; especially in typhoid and other low grades of fever give hard cider." According to Chambers, muriatic acid was used with great success in the treatment of typhus and typhoid fever in England, and yet in answer to an inquiry they could only say "they gave it because it seemed to be useful in such cases." So far as I know, I was the first to point out the relation between the *deep red tongue* and the beneficial action of acids. Others may have noticed the fact, and doubtless some physicians were guided by it, but it failed to get in journals or books. It is a good thing to know that acids and alkalies are valuable remedies; it is very much better to know that the pale or pallid tongue asks for an alkali, and the deep-red tongue asks for an acid.' "—Editorial in Eclectic Medical Journal, 1886, p. 89.

In 1859, John Milton Scudder was graduated in medicine. Besides entering into practice, he at once engaged in the teaching of medicine in the college. During the first ten years of his professorship he inaugurated a series of studies in the application of drugs which led to a new method which finally culminated in Specific Medication. This, as he has stated, was suggested by Dr. King's initial work in this line, a work which King did not follow up, and a work the full credit for which belongs to Scudder. In December, 1869, he began publishing his series of brief but remarkable drug studies in the Eclectic Medical Journal. This was the introduction into medicine of Specific Medication as a philosophic and practical application of

drugs to diseased conditions—a system that now dominates Eclectic therapy and is practiced by Eclectic practitioners almost to a man.

Among the earliest of the medicines to form a part of Dr. Scudder's teaching after the new method, may be inferred from the following from the pen of Dr. Scudder:

"The teaching of *special sedatives* commenced in 1859, and was rendered prominent when I took the chair of Practice, and it, with the acetate of potash, were frequent subjects of jokes, as Dr. Scudder's Hobbies. They have remained hobbies ever since, and have safely carried the writer and some thousands of others. So it has been with other direct remedies. When introduced they are gladly taken hold of, and soon number their hundreds of supporters.—John M. Scudder in ECLECTIC MEDICAL JOURNAL, 1870, titled "Specific Medication."

Dr. Scudder's studies were "done into a book" in 1871, and his great masterpiece, "Specific Diagnosis"—a veritable philosophy of medicine—appeared in 1874. Both have since gone through many editions.

No account of this subject would be complete without reference to the medicines devised by Professor Scudder to meet the requirements of his new practice. In this connection let us refer again to Dr. Scudder's editorial in 1870, entitled "Some Experiences in Medicine." The great change had come upon Eclecticism and Eclectic therapeutics. To one familiar with Eclectic drug history it need scarcely be told that concentrations (or resinoids) was one of the rocks upon which Eclecticism came near to passing into the valley of the shadow of death. Let us have Scudder's own statement:

In 1855 much of Eclectic medicine was an unmitigated humbug. It was the day of the so-called *concentrated medicines,* and anything having a termination in *"in"* was lauded to the skies. It was claimed that these resinoids were the active principles of the plants, and as they would replace the old *drugging* with crude remedies and teas, they must prove a great boon. But they did not give success, and finally, after trying them for a while, the practitioner would go back to the crude articles and old syrups and teas with success; or he would settle down to podophyllin catharsis and quinia.

"I finished my collegiate course with faith in my teachers, but as month by month passed, and the concentrated remedies proved worthless, it became less and less, until finally I was forced to make a radical change in my methods. There is one safe rule to follow in all such cases, where a preparation fails, or, in other words, where manufactured articles disappoint you, purchase the crude articles and prepare them yourselves.

"Money is a scarce commodity with the young practitioner, and I soon found that drug bills, with resinoids at sixty cents to two dollars per ounce, were eating up all the ready money. There were then two reasons that caused me to turn my attention to office pharmacy—want of good medicines and scarcity of money."

This, then, was the beginning of Eclectic office pharmacy as taught by Scudder, and which became such an essential part of the establishment of Specific Medication. Lack of uniformity and varied facilities, however, soon required still better medicines, and the result was the preparation of specific medicines by reliable manufacturers.

That we may clearly understand the status of the Eclectic Specific Medicines, let us add what we have said in another place:

"*Historic Note.*—Specific Medicines were devised, and given that name, in 1869, by John Milton Scudder. They were the outgrowth of a necessary movement for better, as well as more representative medicines, necessitated by bad commercial conditions both previous to and at the time of their introduction. At first Scudder advised office pharmacy, and under the then-existing necessity, placed a series of copyrighted labels for the more important in the hands of competent manufacturing pharmacists. These were offered free, and absolutely without fee or price, to legitimate pharmacists who would contract to procure the desired crude drugs and prepare them as directed. The name of "Specific Medicines" was thus established, and the labels employed to protect physicians using these remedies by insuring their integrity, proper preparation and quality. Firm after firm refused them, not caring to meet the exactions imposed, as well as hesitating to appear to be affiliated with the then often despised group of American physicians known as Eclectic. Two drug houses finally undertook their preparation, but only one made a serious effort to meet Dr. Scudder's requirements. Many improvements in process of manufacture and quality of product, as well as the addition of many drugs to the list originally selected by Dr. Scudder, resulted. As the preparations upon which the Eclectic specific indications have been founded, they were universally employed by specific medicationists, as well as progressive members of all schools of practice."

Someone once asked Daniel Webster how he ever came to prepare such a wonderful speech of such great length in so short a time as his great Reply to Hayne. That speech, the inquirer was told, was not formulated in an hour or a day or days, but had been a part of the orator ever since his earlier years, when he began the study of the Constitution as a part of his life-habit. The facts were stored within him; all he had to do was to marshal them and express them.

How did Dr. Scudder ever seize upon the idea and execute the work of formulating Specific Medication? Beyond a doubt the direct impetus came from the experiences of his beloved friend and teacher, Dr. King. Perhaps, also, his own experience was like that of Webster. Faced by the dire necessity that had come upon Eclecticism for better medicines and a better form of medication at a time when worthless drugs were being heralded as Eclectic resinoids and what not, he cast about him for better means and better methods. He was a wide and discriminating reader. We can conceive that, beyond a doubt, that at some time he had read the eulogy upon Rush by Ramsay, for this book was for many years upon the shelves of the college library. We infer that his reading embraced this work because of the constant use in his own writings of the phrase,"*names of diseases,*" identically that used by Rush and by Ramsay, and, so far as our reading extends, by no others. Throughout the pages of Specific Medication and of Specific Diagnosis Dr. Scudder reiterates again and again the premise that we do not prescribe for "names of diseases," that we do not prescribe nosologically, but for pathological conditions (the equivalent of Rush's "states of disease" and "states of the system"). More than likely, then, the teachings of Rush, as

to not treating the "names of diseases," but the "state of the system," had become a part of the unconsciously acquired and stored-up knowledge in the receptive brain of Dr. Scudder. As with Webster, it had become a part and parcel of his therapeutic being, and unconsciously shaped his course towards reasoning and studies that led to his devising a simple and sound method of direct medication. Had he been conscious of using the terms and philosophy of Dr. Rush we are sure he would have given credit, as he did to the influence Dr. King's work exerted in this direction. Whatever else impelled him, we know that in his first ten years of professorship he saw a sufficient reason for formulating a better method of medication, based upon a relationship between indications and the remedies therefor—a medical philosophy upon which he risked his all and his reputation. How near right he was and how successful is now a matter of Eclectic medical history. Posterity has set its seal of approval upon his great work.

Briefly, this is the story of the Evolution of Specific Medication. Dr. Rush grasped a part of the truth and then sidetracked in its application. He missed for all time the opportunity to formulate a lasting theory and system of direct therapeutics. Dr. King recognized the better way, but after the initial venture failed to follow it further. Dr. Scudder, however, saw the truth with a clearer vision than his distinguished predecessors, and, following in the path of its light, came to professional success and glory. Rush, of the regular school, who might have been the discoverer of specific medication, yields that place of honor in medical history to John Milton Scudder, of the Eclectic school of medicine.

SALVAGING THE CHILD FOR HEALTH.

Helena V. Williams,
of the National Tuberculosis Association.

There is an ancient adage which, after being stripped of the many variations given it by the languages and temperaments of some dozen or more nationalities, may be reduced to these words, "As the twig, so the tree." Venerable and well-worn proverb that it is, its very survival proves the wisdom of its sentiment. But, like so many other bits of sound philosophy uttered by our observing ancestors, its fate has been misuse and a lack of understanding of its essential significance.

It has remained for modern science to discover that within these six words lies the modern key to the progress of the human race, that the physical, mental and moral attainment of the adult may be determined by early childhood training and environment. Most notably has been its adoption by medical science, which, in its development of the theory of disease prevention, realized that if health habits were to be given a permanent place of importance in the lives of average men and women, the latter must be thoroughly trained in their practice and value—a thought which very soon led experimenters to the school and pre-school period of childhood, during which most of the lasting habits and impressions of the individual are formed.

The gigantic problem of salvaging the child for health is an intricate and many-sided one. It is being solved today by an army of thousands of highly trained experts engaged in public health work throughout the country. In this work the control of tuberculosis stands out as of first importance, for its toll of 100,000 lives reaped in 1921 still make of it the greatest single menace to the health of the American citizen. The fact that most children are infected with tuberculosis early in life, and that 12,000 of them die annually from this disease, makes the fight against the white plague peculiarly an effort to salvage child health.

The Public Health Nurse.—First in the ranks of these workers, next to the physician, stands the public health nurse. With the knowledge that every physical defect which tends to lower bodily resistance, is a predisposing factor in tuberculosis, boards of health and tuberculosis associations send out their nursing corps into schools and residences to study the physical condition as well as the home environment of their young charges. In the school preliminary examinations are made of eyes, teeth, nose and throat, and cases that need medical attention are sent to the clinics and are followed up until they have recovered. At home a nurse who is an expert in dietetics teaches the foreign-born mother food values, and the dangers of tea and coffee to growing children. She also gives the newest baby its first chance in the world by instructing the expectant mother in pre-natal and infant care.

The "Contact Case."—There are generally children in the homes of tuberculous patients. Since the patients themselves are often careless or ignorant of the danger to others of their own condition, the "tuberculosis nurse," with special training in the treatment of the disease, often discovers one or more children in a family who, having been infected with the tubercle bacillus, and aided by improper living habits, have also become active cases. These children, after receiving a careful diagnosis, are sent to a sanatorium or are given treatment at home. More often, however, there are children who are merely potential cases—they are undernourished and consequently underweight, or they suffer from one or more minor physical defects which, if neglected, will eventually lead to a serious illness. For these contact cases there exist hundreds of open-air schools or camps where the youngsters are given an opportunity to build up their lowered resistance. In the camps, frequently maintained by tuberculosis associations, a tuberculosis specialist gives his small patients periodical examinations, a trained dietitian supervises the preparation of their food, and an instructor in physical education leads them in play. Strict daily schedules are observed from seven o'clock rising bell until "lights out" at seven or eight in the evening. The children are taught the importance of the daily bath, of brushing their teeth, of exercise, rest, good food, and a cheerful smile. The records of every camp show cases upon cases of remarkable gains. It is not at all unusual for an underweight, introspective and listless child to gain twelve or fourteen pounds under a brief regimen of rest periods, milk and eggs diet, and fresh air, and as a result to return home a fat, tanned or freckled youngster, with a new joy in life that acts as a tonic to the entire saddened household which he so recently left. Th open-air

school varies from the average school in that the hours of study are shorter and the sessions are broken by rest periods, and usually a midforenoon and midafternoon milk lunch. In spite of the shorter lesson hours, however, the pupils are often far ahead of the full-time students in other schools. Which, of course, speaks well for the stimulating effect of fresh air and good food.

The Average "Well" Child.—Not every child, who in later life develops tuberculosis comes from a tuberculous household. It has been estimated that 95 per cent. of us become infected with the tubercle bacillus before we reach adult life. The reasons for this high percentage are numerous. For example, the child may be playing on the street with a ball, a hoop, marbles or some other toy. The toy rolls along the sidewalk and comes in contact with the sputum of a consumptive. Later the child's hand touches it, the germ is transferred to the human body, and when the small boy or girl puts his finger into his mouth or touches food without first washing his hands, he gives the bacillus an opportunity to enter his system. Or the child may drink the milk of an infected cow, or he may eat fruit that has not been washed and that carries the germs transferred to it by other persons who have handled it. A child's tissues are undeveloped and therefore more sensitive to infection than those of an adult, so that the problem of developing health habits in children becomes a vastly important one.

Under healthful living conditions and with a reasonably strong constitution, the germ is unsuccessful in attacking the body and disease does not develop. The problem, therefore, resolves itself into one of building up the body's strength so that it can resist the onslaught of the enemy.

Five years ago the National Tuberculosis Association began to introduce the Modern Health Crusade movement into the public schools of the country. The members of a class which adopted the crusade idea were automatically enrolled in the movement. The children were given a set of eleven chores to perform, and according to the zeal with which they performed these chores they were advanced in rank from page to squire, from squire to knight, and thence to knight banneret. So strongly did this new method of keeping clean and being well appeal to the imagination of young America that today more than 7,000,000 school childern are enrolled in Modern Health Crusade. Health tournaments conducted between schools, cities and entire states are a part of this program of salvaging the child for health. An order of the Round Table for the upper grades has also been added to the older ranks. The crusade has attracted so much attention to itself that public health workers in Canada, France, Czecho-Slovakia, China and other foreign countries have adopted it to their own needs.

The importance of training the child for physical fitness in adult life is becoming more and more evident as the scope of public health work in the community becomes broader. The National Tuberculosis Association and its 1,200 affiliated organizations are planning for a still greater campaign to extend the Modern Health Crusade as well as other disease-preventive measures next year. In order to accomplish this, the annual sale of Christmas seals will be held in December throughout the country.

MEDICAL TREATMENT OF SURGICAL CASES.

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The medical treatment of surgical cases is indeed a subject of great importance and magnitude. The amount of work preliminary and following surgical operations is so extensive I shall barely touch upon some of the more important post-operative conditions; suffice to say, the one upon whom falls the duty of preparatory and post-operative treatment shares no less responsibility than the surgeon himself.

Not uncommonly the taking of the history and making detailed examinations will reveal conditions serious, though in no way related to that for which relief is sought by operation, but which would add greatly to the danger and mortality of the operation, as well as post-operation complications.

Patients suffering from any irritable condition of the air passages, such as bronchitis or tuberculosis, are unfavorable risks for operation. Kidney conditions such as nephritis, Bright's disease, diabetes, even in the absence of arterial and cardiac manifestations, are serious, and their extent can only be decided by careful chemical and microscopical examinations. Cardiac and arterial conditions must receive careful consideration previous to the administration of an anesthetic, and, when found to exist, the aim must be to lessen the labor these organs are called upon to perform.

Persons suffering from a rheumatic condition are liable to an acute outbreak of rheumatic fever following major operations. These patients should be given anti-rheumatic treatment of colchicum and the salicylates, as well as dietary regulation. They, of course, are susceptible to cardiac complications, as well as pleurisy, multiple joint involvement, etc.

Several hours before operation a laxative should be administered. Should it be calomel, as some suggest, it should be followed by a saline purgative. Personally, I prefer castor oil, two ounces the night before operation, and an enema of warm soap and water two hours previous to the operation. Some surgeons of my acquaintance eliminate the catharsis and depend entirely upon enemata to empty the bowel, feeling this method renders the patient less liable of post-operative ileus and intestinal gas. Of course, some attention should be given to the diet for twenty-four to thirty-six hours preceding an operation. It is advisable to administer a diet that will leave the least residue, and require the least possible digestiv ffort, and at the same time preserve the patient's resistance. No food should be given for at least six hours before operation. Presuming that due precaution has been taken to eliminate, as nearly os possible, all undesirable pre-operative conditions, w will consider those conditions most frequently requiring medication following operation.

The first most likely to occur and one most serious is *shock*. In order to formulate a rational treatment we must consider the two most important causative factors, viz., trauma and loss of blood. These two factors, however, do not always bear a proportion to the severity of the shock. I presume

the nervous make-up of the person has some bearing upon the manifestations. It is certain that severe trauma may be attended by very little shock, and that a very moderate degree of injury may greatly impair the function of our so-called vital forces. The rule does not maintain to the same extent with relation to loss of blood. While it is true that a slight loss of blood may be attended with considerable shock, it is rare that a great loss of blood is not attended by shock. It is also true that recovery from traumatic shock is more rapid than that from loss of blood. Either of the previously mentioned causes of shock causes a depression of the vital forces, and induces exhaustion of the vaso-motor mechanism. The capillaries become depleted and the blood accumulates in the veins, especially in the splanchnic area. Thus the larger veins are distended, the quantity of blood in the arteries is diminished, and sufficient blood is not circulating to maintain the functions of vital centers. Blood pressure is lowered, cardiac and respiratory function is impaired, rendering the patient in a desperate circumstance.

In view of the fact that anything that extracts heat from the body favors the occurrence of shock, we would at once observe every precaution to preserve the animal heat during the period of operation. The restoration of blood pressure is accomplished by inducing peripheral resistance by bandaging the limbs from the toes to the thighs or by other mechanical pressure, together with an elevation of the foot of the bed.

In shock following the loss of a large quantity of blood, saline transfusion is indicated, by hypodermocylsis. Heart stimulants are of little value in the treatment of shock; however, 30 minims of camphor and oil repeated at rather frequent intervals and a solution of adrenalin, 1 to 1,000, 30 minims by hypo. every two hours is a splendid combination treatment. The adrenalin solution may also be administered with the saline transfusion or injected into the colon. The administration of oxygen while the quantity of blood in circulation is small is of benefit. Transfusion of blood directly from one person to another or the introduction of defibrinated blood has been largely used. However, with a better understanding of the mechanism of shock the introduction of saline fluid into the body has largely displaced the former method. The intent of the introduction of fluid into the circulation is not to supply nutritive constituents to the body, but to furnish a mechanical agent upon which the circulating organs can work until the normal relationship is established. The object is accomplished mechanically by a salt solution as well as by blood, either directly from another or defibrinated outside the body by mechanical manipulation, and is not liable to undergo chemical changes either in the technique of introduction or in the body of the recipient which might have deleterious effect.

The objections with respect to the direct method of transfusion of blood have been largely overcome by the technique employed by Crile, who states: "The transference of blood from one individual to another can be safely and efficiently done only by the union of the supplying vessel of the donor to the receiving vessel of the recipient in such a manner that the continuity of the intima of each vesel is continuous with that of the other."

Strychnia sulphate, gr. 1-30 by hypodermic, is indicated from the fact that it exerts an influence upon the spinal cord and medulla and relieves the contraction of the arterioles. Quoting from Ellingwood's "Materia Medica and Therapeutics," last edition, page 160:

"Baines investigated the action of nitrate of strychnine in surgical shock. In thirty cases he injected the remedy hypodermically in 1/30 gr. doses for from two to six days previous to the operation, where its general influence was not contraindicated by irritation of the nerve centers. On the day preceding the operation it was injected every three hours. It was injected before beginning the operation every two hours and for two or three days afterwards. In some of the cases he claimed an entire absence of shock. In all others the shock was very mild, and in no case was it severe, and convalescence was short and satisfactory. In all cases there was no collapse from the anesthesia and but little reduction of the force and strength of the heart, and no respiratory failure."

Hare advises one-twentieth of a grain of sulphate of strychnia at the time of the operation, just preceding and subsequently every half hour, treating the conditions induced by the agents symptomatically. We believe it better to begin earlier, in order to have the system previously braced and not be obliged to administer the agent to toxicity just at the time.

Specific tincture arnica, in doses of from ½ to 5 minims, may be administered in shock and general prostration following severe cutting operations with destruction of muscular tissue.

Specific tincture belladonna, in doses from 1/20 to 1 minim, indicated in surgical shock through its influence upon the cerebrum, promoting active hyperemia and full, active condition of the cerebral capillary circulation. Again quoting from Ellingwood (page 179), he states: "I will show this influence dilating the capillaries, combined with the stimulating influence of the agent upon the heart, with a characteristic influence in contracting the capillaries of the splanchnic area, makes this the most powerful agent known in its direct influence upon pathologic hyperemia or a tendency to stagnation in any of the capillaries in whatever organ they may be distributed to."

Digitalis by hypodermic administration in some of its forms is indicated in full doses, as it produces a rise in arterial pressure. It acts upon the inhibitory nerves and is stimulant to the heart muscle.

Lobelia subculoyd, by hypodermic, through its direct effect upon the nerve centers, especially those of heat and circulation and as an equalizer of muscular tension, places it as a valuable shock remedy.

Vomiting, acute dilation of stomach and bowel, are other serious post-operative conditions, extremely serious and often taxing the ability of the physician in charge. It must be borne in mind that the gastro-intestinal canal is an important eliminative organ when toxic substances are present in the blood. The vomiting following the administration of narcotics by inhalation may be regarded as physiological, though the greater portion of the offending substance is thrown off by the lungs, kidneys and skin. The length of time and the quantity of anesthetic administered bears a direct proportion to the

severity of the vomiting. The administration of morphine, gr. 1/6 and atropine 1/150, by hypodermic, one hour before the administration of the anesthetic, is quite universally used and does exert a certain amount of influence upon the post-operative vomiting. The morphia exerts a sedative influence upon the nervous system and the atropine lessens salivary and mucous secretions, preventing the excessive accumulation of fluids in the air passages and the quantity taken into the stomach.

The stomach being concerned in the elimination of these substances, a liberal evacuation of its contents is desirable. This may be accomplished by the administration of a pint of warm saline solution as soon as the patient is able to swallow. This is almost as effectual as lavage of the stomach, which is done before the patient leaves the operating table and is still in the state of narcosis. Following operations upon the upper air passages where quantities of blood and secretions have been swallowed, the immediate lavage is preferable.

Rest, as far as the digestive function is concerned, is the best plan to pursue. It is obvious that while this eliminative process is going on the stomach is not capable of carrying on the digestive function, and articles of diet during the first few hours of the operation simply act as foreign substances. For these reasons the stomach should be rested so far as digestive function is concerned for at least twelve hours following operation.

Remedies by mouth are as a rule ineffectual for reasons above stated. Medication should be administered by hypodermic or by enema. Fortunately, acute dilatation of the stomach occurs only in a small percentage of operative cases, but is none the less serious when it is encountered. There is usually more or less intestinal dilatation accompanying that condition of the stomach. The paralysis of splanchnic and pneumogastric areas, due to shock, narcosis or the manipulation of abdominal contents, results in the paralysis of the muscular coats of the gastro-intestinal tract, allowing a venous stasis with dilatation and rupture of the capillaries. Thus blood and serum are exuded into the stomach and are expelled in a black vomit.

The stomach contents should be withdrawn by lavage or syphonage, and the colon irrigated by rectum with normal saline or plain tap water. The head of the bed should be elevated, encouraging the abdominal contents to gravitate away from the thoracic region, and eserin 1/50 gr. and strychnia sulph. gr. 1/30 should be administered by hypodermic. This treatment may be repeated at intervals as required and a continuous colon lavage employed if necessary.

Kemp advises, after cleansing the stomach with water to which 2 oz. of milk of magnesia have been added, putting into the stomach through the tube 5 grs. of calomel with an ounce of water. The lavage is then repeated in two hours. The degree of distention and discomfort are the best indications as to the condition.

Ileus due to post-operative conditions, producing paresis of the intestinal wall, or to kinks and adhesions, with not sufficient peristalsis to overcome it, may become a fatal complication following laparotomy. In the paralytic

variety it may be temporary, yielding to enemata and stomach lavage, or it may persist in spite of milder treatment and destroy the patient. Early recognition of this serious condition is essential to a successful outcome. The paralysis may involve a portion or the entire intestinal tract. Naturally the greater the area involved the more serious the condition. This can usually be decided by the amount of abdominal distention, and whether localized or general. The use of the phonendoscope over the abdomen to detect the presence or absence of peristaltic movement, aids greatly in deciding the extent of involvement. At one time the universal treatment for ileus was secondary operation.

For these cases developing several days following operation, where sufficient time has elapsed to permit the formation of adhesions or constricting bands, operation may be necessary. However, for the more common paralytic type a different method should be pursued. Should there be vomiting and distention of the stomach, as there usually is, complicating this condition, stomach lavage with a solution of bicarbonate of soda should be given and repeated until stomach symptoms subside. Following this the duodenal tube should be introduced and allowed to remain until peristalsis is established. This is to be established by instillation of one-half ounce saturated solution sulphate of magnesia, repeated at two or three hour intervals until the bowels move freely.

Thirst is one of the most distressing symptoms following severe operations, and bears a direct proportion to the amount of fluid expelled with the vomit and the quantity of blood lost. The indication is to supply fluids to the circulation. This cannot be accomplished by introducing fluids into the stomach, as that would only induce vomiting and produce greater thirst. These cases require a prolonged colon lavage of normal saline solution or Murphy irrigation per rectum. The lips should be moistened with warm water. Should the vomit be acid, inducing a burning sensation in the mouth and pharynx, it is greatly relieved by a rinse with a solution of sodium bicarbonate. Should it become necessary to administer an opiate to relieve the restlessness due to great thirst, one large dose of morphia sulp., gr. ½, by hypodermic will insure sleep while the supply of fluid continues.

The same rule maintains with reference to pain. As a rule there is very little pain present in the wound following incision, providing the sutures and dressings are not unduly tight. Continuous pain should lead to an investigation of dressings and, should it become necessary to administer an opiate, one large dose is much preferable to frequently repeated small doses.

INFLUENZA IN CHILDREN.

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During the early part of the influenza epidemic in the fall of 1918, children did not seem to be affected much with the influenza, but toward the latter part of the epidemic and during the epidemic last winter they

seemed quite susceptible. In a general way the symptoms observed in children were the same as those observed in adults, but taking the individual case they were fewer in number generally, and the patient, as a rule, freer of serious complications than the adult. Also in children the period of illness, as a rule, was much shorter than in the adult, although a few presented persistent temperatures. Also the exhaustion from the disease seemed less marked in children.

The child was taken ill with a rapidly rising temperature, which generally became regular, and often high, and in most cases it soon developed a pronounced hacking cough. Other symptoms sometimes manifested were headache, bodily aching, delirium, abdominal pain, congested lungs, vomiting, nose bleed, bladder irritation, excessive activity or under-activity of the kidneys. But in the typical case the child seemed very comfortable, except for the high temperature and a distressing laryngeal cough. A few children had very little fever, but they invariably developed the characteristic cough and an accompanying reddened pharynx. My experience was that only a very small proportion showed any tendency toward pneumonia or pleurisy, which was so common with adults.

One thing noticed in small infants was that they were unusually fretful for the amount of temperature they developed, which as a rule did not go high. I had one family of six children and a mother, who all developed influenza except a year-old infant, which was still nursing, and played on the mother's bed during all of the illness, and in all probability the mother's milk produced immunity in the child.

Nose bleed was very prevalent in children, and in some very severe. If I were asked to give the pathognomonic symptoms of influenza in children I would give, I believe, three:

First, a persistent high temperature, not accounted for by the condition of the bowels or lungs, after excluding diphtheria, scarlet fever and measles.

Second, a persistent hacking cough with a reddened pharynx.

Third, nose bleed with the two preceding conditions present.

As stated before, lung involvement seemed rare, whether this was due to the form of the disease in children or whether it was due to treatment, or because of the fact that the parents generally place a child in bed as soon as it develops a high temperature. A few children developed persistent emesis, which, with the cough to contend with, was very hard to control and exhausted the little patients. Also a small number were disturbed by bladder irritation, in the latter stages, and early during the fever period often showed very marked inactivity of the kidneys.

As a rule, as soon as the fever had subsided these little patients became convalescent, were soon up and around, very hungry and apparently in good condition. Prognosis generally favorable to a complete recovery.

As to treatment: Patient put to bed, room warm, no draft but

with plenty of ventilation, initial cleaning with castor oil or citrate of magnesia. Liquid diet, very little milk and plenty of fruit juices and light soups. Medicinal: Specific medicine gelsemium red was generally the main stay, as they nearly always presented the indications. I anticipated the bronchial condition by always giving from the start such remedies as specific ipecac, asclepias and lobelia in small doses. And when the cough developed, generally sanguinaria or drosera internally, and libradol to the chest, as "safety first." Occasionally aconite or bryonia were combined with the gelsemium or given alone. In some with persistent temperature and fermentation of the bowel, salol was found very useful. In some very persistent coughs it was found necessary to use wild cherry mixture with a small dose of heroin or codeine to control the irritation. A remedy I also found useful in the cough was "Pertussin," which is intended for whooping cough.

Other symptoms and complications were treated as indicated when they arose.

THE SURGICAL TREATMENT OF FRONTAL PACHYMENINGITIS, WITH A CASE REPORT.

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The coverings of the brain are admirably suited to protect it from injury and infection. Guarded externally by the skull and the scalp-pad, it is intimately enveloped by the dense, fibrous dura mater in a practically sealed sac. The usual anatomical descriptions of the cerebral meninges are misleading. Ordinarily three distinct membranes are named and described, when in reality there are but two. Lining the skull we have the dura mater, serving as an internal periosteum for the cranial bones and furnishing in part their vascular supply. It is entirely free from the brain, but gives off sheaths to the cranial nerves and the large blood vessels at their exit from the skull, and supplies venous channels or sinuses for the return circulation of the encephalon. The dual fold between the cerebral hemispheres and the tentorium cerebelli afford support and protection.

In normal conditions the brain fills the cranial cavity fully, and its soft covering membrane is everywhere in contact with the inner surface of the dura. The interval which separates them is called the subdural space. No actual space, however exists, the two membranes being smoothly applied to each other and only separated by disease or mechanical means.

Closely investing the brain is the pia mater, made up of two layers or membranes very loosely attached by delicate meshes of fibrous tissue. The outer can be easily stripped from the under layer, and constitutes what is usually described as the arachnoid. The alleged double layers and spaces of the so-called arachnoid can not be demonstrated and do not exist. This outer pial layer we may call the arachnopia. Between it and the under layer, or visceral pia, is a varying space, the pial space, filled with a delicate, open,

reticular network of fibrous tissue containing cerebro-spinal fluid or lymph. It is an enormous lymph-space. At the gyral grooves the visceral pia dips to the bottom of the sulci. It everywhere closely adheres to the brain-cortex, which it follows through the transverse fissure into the ventricular chambers, furnishing the velum interpositum and bearing the choroid plexuses. The arachnopia bridges over the sulci. This arrangement at the great fissures and at the base of the brain in the intervals between the cerebrum, cerebellum and medulla form lymph-reservoirs, which are continuous with the pial spaces of the spinal cord through the foramen magnum. Delicate processes of the pia also accompany the cranial nerves and vessels from the skull, and are continuous with the extracranial lymph-channels.

The brain is constantly changing in bulk through variations in vascularity due to mental or physical activity. This would be impossible were it not for the ready displacement of the cerebral fluid. Losses of brain substance by atrophy or otherwise are mechanically compensated in bulk by an increase in the pial fluid and the hydrostatic balance is preserved. The wide ramifications of the pial structure through the substance of the brain, its lymphatic prolongations and its ventricular relations, make plain many of the symptoms of meningitis and account for the serious sequels of the disease.

The dura mater, though a tough, resisting, fibrous structure, is subject to inflammatory invasion. As the outer or inner surface is affected, we speak of pachymeningitis externa and pachymeningitis interna.

Pachymeningitis externa is not a clinical unit. When the outer surface of the dura becomes inflamed it is always a secondary condition, the result of the extension to it of infection from adjoining structures. Fractures of the cranium attended by sepsis, osteitis, necrosis and new growths in the cranial bones may be its starting-point. Suppuration of the middle ear sometimes propagates inflammation to the dural covering of the temporal bone. A cranial gumma may incite it. Usually it is limited in extent. Very rarely considerable accumulations of purulent material between the dura and the skull may strip the membrane from the bone and occasion cerebral disturbance by localized pressure.

When inflamed the dura becomes thickened and strong adhesions to the inner surface of the cranial bones are formed. The danger consists in a resulting sinus thrombosis or in septicemia. The treatment is that of the surgical condition of which the pachymeningitis is the sequel.

In recent times it has become a custom well established in presenting any medical or surgical subject, especially those unusual, to demonstrate the scientific value and medical research of said subject with a case that brings out the differential diagnosis and serves to further present the practicability of the subject. A report of the following patient will serve this purpose.

Patient's personal history: Mrs. K., age twenty-eight, native of Indiana; had two children, ages six years and six months, respectively. Chief complaint: Convulsions with unconsciousness following, preceded by a light attack of the grippe complicated by more or less pain in left frontal sinus.

Family history: Father living and well. Mother died at the age of fifty with pelvic peritonitis during menopause. Five sisters living and well.

Clinical history and physical examination: Previous history: Usual diseases of childhood, including whooping cough, chickenpox, measles and tonsillitis until removal of tonsils six months before. Had an accident when four years of age, when the sight of the left eye was destroyed by the penetration of the point of a scissors into the ball. Has had frequent catarrhal colds, with slight pain in frontal sinuses. Becomes exhausted easily and maintains a tachycardia most of the time. Constipation present, but since the birth of the last baby six months ago has been in better health than usual.

Present history: Took sick September 30, 1921, apparent cold and la grippe. I was called October 1 and diagnosed the condition as such. Later in the day the husband came to the office, stating the patient had no relief from the prescription I had given for the pain, but instead seemed to be worse. I told him I suspected a frontal sinusitis and prescribed accordingly. Sunday, October 2, early in the forenoon, I was called, and before I could respond was called a second time on account of the patient suddenly developing convulsions. This was about 9 o'clock. Four convulsions ensued in forty-five minutes, controlled by morphine, chloroform, aspirols of amyl-nitrate and ammonia. The patient was removed to the Methodist Hospital and stereoscopic X-ray made of the head with special reference made to accessory sinuses.

Roentgenological findings: Posterior-anterior view, accessory sinuses show a clouding throughout. Left frontal, ethmoid and maxillary antrum are filled up with dense shadows. Posterior ethmoid and sphenoid appear clear.

White blood count shows the following percentages: Polynuclears 2, small lymph 2, large lymph 5, transitional 2. W. B. C., October 2, 1921: 19,600; eosinophile 1 and basophile 1 per cent. October 5, a second white blood count was as follows: Polynuclears 84, small lymph 9, large lymph 7; W. B. C., October 5, 1921: 17,000.

Also a urine analysis as follows:

October 2, 1921: Color, amber; appearance, cloudy; reaction, acid; specific gravity, 10.20; albumen, heavy trace; sugar, negative.

October 4, 1921: Color, straw; appearance, clear; reaction, acid; specific gravity, 1.016; albumen, 1 plus; sugar, negative.

October 12, 1921: Color, straw; appearance, cloudy; reaction, acid; specific gravity, 1.016; albumen, faint trace; sugar, negative.

A neurologist called in consultation, as well as two nose and throat operators. The consensus of opinion resulting from consultation and study of laboratory findings led us to believe the patient was suffering from meningitis. The patient was operated on at 2 P.M. and the diagnosis made per operation was purulent frontal and ethmoidal sinusitis with destruction of frontal and ethmoidal mucosa and ecchymosis of pia membrane of brain, necrosis of bone in frontal sinus, all of which were removed, exposing a

small part of pia over frontal lobe of brain. Patient regained consciousness about 6 A.M. Pain subsided, coma gone, and temperature increasing moderately. The patient made a splendid recovery and was discharged from the hospital October 29, after a stormy and eventful career which included opening of left antrum, Highmore and drainage. Another complication of the case was an abscess of the right breast. This was rather peculiar, inasmuch as the patient has a baby six months old, and the natural question that arises is whether the low resistance of the patent causes the growth of bacteria in the milk ducts or if metastasis occurred through lymphatics.

Coincident with the breast abscess the patient had to contend with a hot water bottle burn on the heel of the left foot. This was received while in convulsions at home, the bottle having been thoughtlessly placed there by a neighbor during the excitement of the convulsions. A culture of the infection found in the frontal sinus was made which showed many staphylococci and many streptococci.

Conclusions: Early diagnosis and consequently early operation saved the life of the patient, which only shows that frontal meningitis can be cured if operated early. It demonstrates the fact that the co-operation of physicians and the valuable aid of the laboratory are essential if we expect to obtain good results.

CONCERNING VITAMINES.

CHARLES W. BEAMAN, M.D., CINCINNATI, O.

Since the intensive study by the Japanese, nearly forty years ago, of the cause and treatment of beri-beri, an endemic oriental disease of a polyneuritic type, the subject of vitamines has steadily grown in importance and interest among medical investigators. As the study of the etiology of different diseases progresses, certain factors stand out more and more prominently as dominating ones; in some it is evidently bacterial, in others it may be toxic material, organic or inorganic, and now our attention is being directed more insistently to the so-called "deficiency diseases," due to a lack, not alone of foods, but of some vitalizing element or elements in the food. It must not be inferred that these "deficiency diseases" are simple pathological entities with easily traced etiology. Other factors are bound to creep in, such as bacterial infection, which most logically follow anything that lowers vital resistance. Hence the value of any study which will reveal the true cause of any given disease, thereby insuring a more rational treatment.

It is not the writer's intention to go into great detail, for you are all more or less familiar with the subject of vitamines, but rather to stimulate your interest in the practical application of the accumulated knowledge of these elements, in everyday medical practice. The term vitamine was suggest by Funk, whose name is prominently associated with research work in the chemistry of foods. While unable to define

their exact chemistry, he considered them akin to the amines, and being proven indispensible to life, were therefore "life principles" or "vita-amines." Of late the term has come into common use by the general public, by the commercial exploitation of the vitamine found in yeast. Manufacturers of yeast and some patent medicine concerns were quick to see the possibilities of selling their wares to a gullible public, by means of catchy advertisements, featuring scientific and pseudo-scientific arguments, with the result that the indiscriminate eating of yeast or of a concentrated preparation of this vitamine became quite a fad. The impression given by these ads was that if one would eat sufficient yeast or take certain tablets of the concentrate, that life's troubles would be a thing of the past and disease would become a stranger. I trust that all this exaggeration and misinformation of facts will in no way discourage you from getting at the true application and effects of this or any other of the vitamines.

Up to the present time vitamines have acquired no definite chemical status, being too complex and delicate to yield their exact structure under existing analytical methods. However, three are recognized and have been isolated in sufficiently concentrated form to adapt them for therapeutic administration. They have been designated according to their solvents, as fat soluble "A" and water soluble "B" and "C," and as to their influence on the processes of life, as "ophthalmic" or "anti-rachitic," "anti-neuritic" or "growth stimulating," and "anti-scorbutic" in the same order as mentioned above. They exist in varying amounts in different food substances, being found in maximum quantities in the raw state, sometimes singly and again as associated elements. They are diminished or destroyed by conditions which may not necessarily affect the appearance, taste or fuel value of the food. Some of the more common causes for the diminution or destruction of these elements are heat, dehydration, alkalies, and the removal, as by the process of milling, of the germ and cortical layers of seeds and grains. When man or animals are fed on foods which for one cause or another lack the requisite amount of these elements, certain symptoms make their appearance, and if this diet is prolonged, a definite symptom- complex of one of the "deficiency diseases" develops. Which one will depend upon the vitamine most missed in the diet. At least this is the usual situation in medical practice, for it would be hard to conceive of a human diet entirely devoid of all vitamines.

As minerals are not equally distributed in all soils, so the vitamines are not uniformly found in all foods. This being true, we must look to the laboratory findings for such data as we need. There are lists available showing the relative amount, expressed by the plus mark, as 2 plus or 4 plus, as the case may be, of these substances in foods in common use. For example, orange juice will show water soluble "C" as 3 plus, and associated with it water soluble "B," 2 plus. However, most

foods are identified with but one vitamine, at least until by further study others come to light of which we have no knowledge at present. There is much to suggest this possibility, for the water soluble "B" seems to have two functions and may be two vitamines. It has an anti-neuritic property, as developed in the study of beri-beri, and a growth-stimulating power as determined by its effects on under development and malnutrition. Whether this is a single element with multiple virtues or one which can be split up into others, each having a definite function, is yet to be decided. Such questions cannot be settled outside of the laboratory and need not concern us at this time.

To better illustrate the distribution of vitamines in food, we will take a few of the best examples, which will give a good idea of what foods contain the greatest amount of the three recognized elements. The fat soluble "A" or anti-rachitic vitamine is found in animal fats and oils, especially in cod liver oil, butter and cream. The water soluble "B," in yeast, the germ of seeds and grains, and nuts. The water soluble "C," is found principally in the juice of citrus fruits, especially that of the orange, and in succulent vegetables like the tomato. This last mentioned vitamine is probably the best understood and is used specifically by all well informed medical men, both as a preventive measure and as a cure for infantile scurvy. However, the juice of orange contains a fair amount of water soluble "B" and hence is valuable as a growth stimulator. As has been stated before the vitamines are not uniformly distributed in all foods, nor are they in the same amount at all times in the raw food in which they are singly or collectively associated by nature. In other words, there are many things which may affect their existence, but such differences in the raw state are of much less concern than those induced by man's attempt to render foods more palatable and sightly by cooking, drying, and the many mechanical methods used to adapt them to the modern eye and taste. Prolonged heat in cooking and the milling of grains are probably two of the greatest causes of lessening or destroying the vitamines in food. The study of beri-beri proved the truth of this, because the oriental diet was largely that of milled rice, and at times when supplemental foods containing the water soluble "B" were not available, the disease made its appearance. Again in the case of infants, fed artificially, on milk mixtures and various prepared foods, which have been subjected to more or less prolonged heating, rickets and scurvy are prone to develop, the first by reason of a low fat content, the latter by reason of the destruction by heat of the water soluble "C." In this particular it is interesting to note that heat is not equally destructive to all vitamines; we find that the water soluble "C" is quickly destroyed by heat, while the fat soluble "A" withstands it for a considerable time. This will explain why feeding a suitable milk mixture subjected to boiling, and given over a long period may induce scurvy without any symptoms of true rickets. Alkalies have somewhat the same effect as heat, being particularly destructive to the water soluble

elements, and this should be an argument against the prolonged use of alkalies given orally with foods or mixed with foods and permitted to stand for a time before being eaten. Here again we must depend on the laboratory for information, and such data are available showing what conditions affect the vitamines adversely, and the relative influence of a destructive course on the different elements.

Pursuing this thought a bit further, there is little doubt that the milling of grain to eventually produce white flour and the processes used in the manufacture of our dry breakfast foods diminish the vitamine content of the raw material from which they are made. There is no way of measuring the extent of this loss, but we see so many under-developed and malnourished children, and when we check up to find to what extent they are fed these prepared foods we can be excused for having our suspicions. It is not to be inferred from the above that all prepared foods are deficient in vitamines or that there are not other causes of malnutrition, but it can not be doubted that this phase of the question is worthy of our consideration. From all of which we might naturally conclude that the nearer we held to the eating of raw foods the better it would be for us. This is a fine argument for the diet crank, and we meet them here and there, the "back to Nature" chaps, but Nature is a kindly mother and usually provides an excess of things that are really necessary to life. Realizing that the modern liberal diet, at least of adults, is a fairly well mixed one of raw and cooked foods, there is little danger of developing a "deficiency disease" among those possessing a good appetite and the means of satisfying it.

This brings us to the thought that inspired this paper. How can we determine when the body is suffering for the want of vitamines and how can we best meet the demand? Broadly speaking, a good appetite, a vigorous body, and the eating of a well-balanced diet, will indicate a sufficient intake of these elements. On the other hand, a poor appetite, signs of malnutrition, the presence of disease, the use of a restricted or faulty diet, would suggest a low intake. Certain symptoms will suggest specific types of deficiency and can be met by supplying foods known to be rich in the element needed. However, the problem would be easy if this was all that was necessary; but the appetite will not always rise to the occasion, nor will a damaged digestive system take care of the vitamine-carrying food. How is this condition to be met? We have been in the habit of giving bitter tonics and such therapy as seemed indicated, and the same treatment is still useful. But the laboratory has made possible the isolation of these elements, and at least one reliable pharmaceutical house has put such a product on the market in an ethical form for the use of the physician. Others may be doing the same, but I am not familiar with their products. Metagen is the name of the product alluded to above, and is a concentrate of all three vitamines put up in capsules for dispensing. In my hands it has seemed to give excellent results

where food intake was necessarily limited or had been limited until malnutrition was quite evident. Metagen and similar products coming from reliable sources should be of great assistance to physicians in meeting conditions where generous feeding is out of the question.

It is rather logical, then, to administer one or all of the isolated concentrates of these elements whenever there is a condition preventing a sufficient intake of food over an extended period of time. Such conditions are frequently met in practice, during or following severe illness and in all malnutrition cases, with poor appetite and disturbed digestion. This is a wide field in which these agents have given every promise of rendering valuable aid. When the appetite returns and sufficient food is taken, digested and assimilated, it would be obviously unnecessary to continue them. In rickets, where we are dealing with a specific deficiency, our first thought will be the fat soluble "A," best given in the form of cod-liver oil, not neglecting the proper regulation of hygiene and the previous faulty diet.

Allusion was made at the beginning to the "ophthalmic vitamine," the same being another designation for the fat soluble "A," and was given because in one country in Europe—I think it was Denmark—it had been noted that babies fed on a very low fat and high carbohydrate diet were afflicted with an inflammatory eye disease, and when this fault in diet was corrected the eye condition improved. Laboratory tests upon animals fed upon a ration deficient in fat soluble "A" proved the truth of this theory In delayed growth the water soluble "B." or yeast vitamine, should be tried. Whether it is of as much value in the forms of polyneuritis that we see from time to time is questionable. We must not forget that a deficiency of vitamines must be the cause or important factor in any disease in which we hope to get benefit from their exhibition. In scurvy, with its swollen and bleeding gums and bone pains, we have one of the most convincing proofs of the specific action of the water soluble "C." We anticipate the possibility of this disease in infants where we are obliged to feed sterilized food over the first six months of life by giving daily a small quantity of orange juice. It is the possibilities of this prophylactic use that should not be overlooked in our study of the vitamines.

Thus it can be seen that we may use the vitamines in their natural state in properly selected foods or in the concentrated forms, either as prophylactic measures or as curative agents in any condition showing specific or general deficiency of these necessary elements. They need not displace properly indicated therapy, but should ably supplement it. In the study of diet it is not alone the fuel value or the relative amounts of fat, protein, sugar or minerals represented—all important factors—that should be considered, but are the vitamines adequate to stimulate normal metabolism? If they are, either a state of health exists or such disease as manifests itself is due to other causes, and if they are insuffi-

cient it is our duty to determine the nature and extent of this deficiency and how to correct it. The foregoing paragraphs are but an introduction to the subject, with which every physician should be familiar.

BROKEN BACKS.

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In former years a broken back was usually the result of an industrial accident, but with the increasing use of the automobile the majority of such injuries are now caused by transportation accidents. It follows that the general practitioner will meet such cases with increasing frequency, and he should have a working knowledge of what should be done and what can be accomplished.

Patients with a fracture of the vertebrae may be segregated into two classes—those cases in which there is a linear fracture of some portion of a vertebra without displacement or injury to the spinal cord, and those cases in which there is displacement of one or more fragments in such manner as to cause injury to the spinal cord, with more or less loss of its functions. In the first class of cases the patients are comparatively numerous. There is the history of an injury followed by localized pain, tenderness and muscular rigidity. Usually the diagnosis will be a "sprain," though the delayed convalescence may cause the doctor at a later date to suspect a fracture. Eventually the recovery is completed to such a degree that the result may be classified as satisfactory.

But when there is a concomintant injury to the spinal cord or spinal nerves the picture is quite different. Should the injury be of such a character that the spinal column is anteflexed upon itself with sufficient force, it will give way, and usually near the junction of its thoracic and lumbar sections. With the rupture of bone or ligament, or both, a dislocation takes place and the cord is damaged. These conditions are favorable for a complete severance of the cord or a crushing of such severity as to destroy its integrity—a result which is characterized by immediate and complete loss of motion and sensation in all parts of the body which are supplied by nerves having their origin below the location of the injury in the cord. Just above the paralyzed area there is a hypersensitive zone which accentuates the deliminating line. This line may be found down on the legs, on the abdomen or on the chest. It is of great importance to actually locate this line both for diagnosis and prognosis—the higher the line the more unfavorable the prognosis. However, in many cases the cord is not completely severed, the injury being in limited areas and the signs of loss of innervation being manifested only in the parts involved. These atypical cases are more obscure but the prognosis is more favorable.

The first-aid treatment is the same in all degrees of spinal cord injury. The vertebral column should be hyperextended and the patient placed

upon his back upon a straight rigid frame, thus preventing further injury during his removal. He should be placed on a bed which is soft and yielding but which does not sag down in the center. He should be catheterized under rigid asepsis. Should no improvement in the paralysis be noted within a few hours it is necessary to decide for or against an operation. Should the conditions be such that it is possible to perform an absolutely aseptic operation, it should be done without unnecessary delay. The spinal cord is exposed by a laminectomy and those things done which will reduce or remove any and all causes of compression. A cord which is completely severed may be sutured together, though it is very doubtful if regeneration ever takes place. A crushed cord should be "placed at rest," and the prognosis is a little more favorable than when the cord is obviously severed. Should the paralysis be caused by compression of bone or blood clot, without destruction of nerve tissue, the early removal of such compression makes possible a favorable prognosis. When done with care and gentleness such an operation does not greatly increase the hazard to the life of the patient. The hopelessly injured are no worse off, and the remedial injuries are given the care which is essential. Following such injuries, with or without operation, there is apt to be loss of control of the bladder and lower bowel, and these require a great deal of care. Later, with continued paralysis there will develop necrotic areas in the bones as well as the soft parts, particularly about the sacral region, and these require a great deal of care also. Aside from placing the injured parts at rest, and prescribing the drug indicated, it is probable that galvanism is the only valuable therapeutic agent. Beginning about ten days after the injury, it should be used daily, thus lessening the marked muscular atrophy. It should be impressed upon the patient and his friends that nerve regeneration is a very slow process, requiring many weeks or even months.

PSYCHOLOGY.

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Some years ago I read a paper at the Cedar Point meeting of this Association upon "Drugless Methods." In an editorial in the *Eclectic Medical Journal* Dr. Felter said: "You couldn't tell if you had been at a Hindu religious conference, a Christian Science convention, or a Buddhist meeting," and that all papers at a National meeting should be confined to medicine. But as "the world do move" and evolution is a fact—W. J. Bryan, Voliva and a few Kentucky legislators to the contrary notwithstanding—perhaps this essay will have a more cordial reception.

Psychology is a study of Psyche, the soul or mind. The dictionary tells us "Psychology is the science of the human mind or soul and its activities and capacities; the science that treats inductively of the phenomena of the human consciousness and of the nature and the relation of the subject of those

phenomena; mental science; mental philosophy." Prof. Ladd defines psychology as "the description and explanation of the states of consciousness as such." So psychology is primarily and fundamentally a study of consciousness itself. But a study of consciousness can not readily be separated from a study of the instruments that are used in its expression. Thus in the study of man we must also study the bodies that he uses. The more perfect and usable his bodies are, the more man can manifest his consciousness.

To clarify this discussion it is necessary to present a few fundamental principles. The word "man" is derived from the Sanscrit word *manas*, meaning thinker. The Hebrew scriptures say, "Let us make man in our own image." If this was done and God is a Trinity, man must be a trinity also. Upon examination we find that he thinks, feels, and acts—the human trinity. St. Paul defines man as spirit, soul, and body.

A scientist, noting a phenomenon of which he has no reasonable, adequate explanation, formulates an hypothesis of how it occurs and the laws governing its production. The multitudinous complexities of life on this planet have as their most reasonable, common-sense explanation the theory of evolution. At least this is accepted by the majority of thinking people because it obviates the necessity of having any of that kind of faith which was defined by the Sunday-school scholar as "believing something to be so that you know ain't so."

If one cares to step upward into occult science which teaches that the "life, consciousness, force, intelligence, or whatever you care to call it" is using the form in a process of unfolding its latent, inherent qualities, it will answer more acceptably the question of "What's the use of living?" If one does not care to accept the teaching that this life is a part of God's consciousness, having within it, in latency, all of His wondrous powers, and that this life is struggling against those forms that "crib, cabin, and confine" it, to bring into manfestation all of these latent powers, one misses the "peace that passeth understanding."

Materialistic science will eventually acknowledge that consciousness is the cause of, and not the result of, changes taking place in the brain structure. Even now some scientists say that it was the desire or need of the organism to see that caused the growth of the eyes; to hear, that developed the auditory apparatus, etc. Some people accept that this life, struggling for freer, fuller expression, is the cause of the evolution of the form from the very simple to the most complex, and that as the form becomes more complex more life can manifest through it. The pressure becoming greater, the evolution is more rapid. Some even believe that this life is continuous and that the experiences which are gained through one form are carried to a higher form; that the consciousness we call man is the result of a gradual unfoldment of consciousness from the simplest organism through the myriad forms to his present status. Surely the millions of years the earth is old might have given sufficient time for this process. Some accept that this

consciousness started in the mineral kingdom, passed through the vegetable and animal kingdoms, and now is in the human—but will not stop there, it will continue its progress upward until it "becomes perfect as your Father in heaven is perfect."

Embryologists tell us that in the development of the embryo our past evolutionary journey is reviewed in epitome. As in the fertilized ovum the single cell divides into two, the two into four, four into eight, etc., we have the growth in the mineral kingdom reviewed. The grouping of the cells resembles the vegetable. Then the form of the reptile is assumed, gradually changing to the animal and finally to man. The fetus of a chick at four days and a tortoise at four weeks are indistinguishable. The fetus of a dog at six weeks and that of a man at eight weeks are equally indistinguishable.

Evolutionists tell us that when we are frightened and our hair stands on end, it is a memory of when we were using our animal form and to frighten our enemy we raised our burse so as to appear as large as possible.

After birth the evolution of the human race is recapitulated. One rapidly runs through this review up to the point he has reached in his evolution. Then his progress is slow, tedious and painful. This point may be in the savage, barbarous, semi-civilized, or civilized races. Thus the age of the body is unimportant, the important thing being the age of the soul or consciousness using that body. A young soul in an old body will think, feel and act as a child, while an old soul in a young body will act maturely.

In psychology one reads much of the subconscious mind. Accurately speaking, we only have one mind, but for clarity of description it may be divided into three—the super-conscious, conscious, and sub-conscious. The conscious mind contains only those things that are in focus in the field of our waking consciousness at any particular moment. The sub-conscious mind contains all of those things that have been in our conscious mind at any moment in the past but in the present moment has sunk out of focus of the consciousness. A synonym for it is memory. We can concentrate our attention upon any particular point of the sub-conscious and bring up the memory of that event.

Some years ago, in the *Alkaloidal Clinic,* there appeared a story entitled "The Powder Monkey." A gun crew on a battleship has one member whose duty it is to bring the ammunition from the magazine and send it aloft. He is called a "powder monkey." If he does his duty, the gun crew is efficient; but if he fails, the crew is valueless. In our sub-conscious mind there is a "powder monkey" that presents the thought or the required word at the proper time. But if he is loafing on the job, we are at a loss for the next thought or the words to express our thoughts, and our speech is disjointed and not sequential.

The sub-conscious mind is the seat of our fears and prejudices. Children are frightened into behaving by "If you don't do as mama says the doctor will come and give you nasty medicine." Consequently, when he comes, this fear bobs into the conscious mind and the physician has an awful time get-

ting within speaking distance. How many of us shiver when thinking of taking a dose of castor oil, only to find on personal contact that it is not such an evil dose after all. It is the same with everything else. We all look at everything from the viewpoint of past experiences or opinions which have been formed from study or gossip. These prejudices crop out when we least expect them, and most of the time we are not cognizant of the fact. How many of us think that an Allopath or Homeopath may have some little success in practice, but an Eclectic is "just the thing"? If an Eclectic loses a patient it is a case of "the Lord giveth and the Lord taketh away, blessed be the Lord," but if the other two lose a patient there must be something amiss.

In the hoary past someone stated "Soda will eat the lining off of your stomach." Consequently people will suffer with acute indigestion or other fault of hyperacidity rather than drink soda water. Another prejudice that deprives people of an epicurean delight is the saying, "Never put cream over acid fruit, as it will curdle." We pride ourselves upon being above the heathenish ancestor worship, but our subconscious minds are filled with ancestral gems of wisdom—wise and otherwise, mostly otherwise—that make life miserable for us by forbidding this or that. We accept them without investigating and exploding the superstition. For instance, it is sure death for a lying-in woman to eat fish. Another, that semen is absorbed and made into brain matter. Excessive coitus or masturbation is usually coincident with a weak mentality. The question arises whether the individual is weak mentally because erotic or erotic because mentally deficient? Much more could be said along this line, but this gives an idea of what the subconscious is.

The super-conscious mind contains the, as yet, undeveloped soul or mind faculties. As soon as they develop they come into the conscious mind and eventually into the sub-conscious. We are told that we have developed hearing, feeling, seeing, tasting and smelling in the order named, and as everything in nature runs in sevens, we will develop two more senses. They are clairvoyance and clairaudience and telepathy. The physical organ of clairvoyance and clairaudience is the pituitary body. The organ of telepathy will be the pineal gland. It is interesting in this connection to know that anatomists have found acervulous cerebri or "brain sand" in the pineal glands of intelligent people only and its utter absence in idiots. The insane asylums contain many who have opened up these senses prematurely.

Some doubt the possibility of telepathy because of no physical contact. They forget we magnetize a bar of iron without physical contact. Now we have the wireless. Perhaps this will be found to be the explanation of "maternal impressions." Certainly the child is within the field of magetism of the mother during the whole prenatal life.

Please get this! Man IS the consciousness—the thinker—and his only means of becoming acquainted with the outside world is through his sense organs. The kind of sense organs he has will determine just how much he can know of the world. To know a thing it is necessary that we take it into our consciousness for digestion and assimilation, *i.e.*, make it a part of our-

self. You would have a most difficult time getting a blind person to know what a red color is from a verbal description. How easy would it be to convey to one whose taste globules were absent what sweetness is?

Everything is vibrating. The rapidity of its vibration determines its form, color and other characteristics. Our senses can only inform us of those things that are vibrating at a rate to which the sense organ can respond. There are sounds too fast and others too slow for our ears to hear, also colors whose vibrations are too rapid or to slow for our eyes to respond to. At best our senses are very inferior avenues of information about the not-self; but they are the best we have, so we use our intelligence to correct erroneous impressions—for instance, the earth is flat, the sun moves, etc.

We receive these vibrations through our sense organs, translate them into conceptions, to which we apply arbitrary names. A rose by any other name would be just as sweet. Can you answer the question: if a tree falls and there is no person around, will there be any sound?

Many physicians doubt that the emotions or mind have anything to do with the cause or progress of diseased conditions. This is merely because they are not observant.

When there is a foreign body in the eye, lachrymal secretion is stimulated and tears run down the cheek. Mirth or grief also will cause lachrymal stimulation with resultant overflow. Thus we get the same result from a material and a psychic cause. I remember sitting at a dinner table and everyone was enjoying the good things. Half way through dinner one became furiously angry at something that was said—choked right up and couldn't eat another mouthful. How many people have we known to go days without food because they were overwhelmed by some great grief? How many cases do we know of toothache stopping at the dentist's door? Mama will "kiss baby's hurt and make it better," and, directing the attention to something else, smiles will soon replace tears. We have all had cases of patients who have had so-called imaginary troubles, *i.e.,* without discernible, adequate physical basis, and the suffering was very real to them. I had an accident case in Cook County Hospital that required codeine to go to sleep for two nights. The following night he got five grains of magnesium sulphate with a wonderful sleep. The next night Epsom salts put him to sleep again. The third night I told him what he had been getting. He got mad and went to sleep without anything. These and many other similar instances almost justify one in accepting that thought can cause, increase, diminish, or annul pain and disease.

In the light of the aforesaid editorial you might be wondering what has all of this to with medical practice. As we are treating diseases in human beings who do more or less thinking, who have emotions and desires that they control to a greater or lesser extent, and who are using physical bodies, it is necessary to take into account at least some of these things. Few physicians of all people accept the statement in the United States Constitution that "all men are created free and equal." We see too many diseased, de-

formed bodies, too many people unable to control their emotions, desires and appetites, too many who have little or no mentality.

The physician who can see more in a patient than a mere receptacle for "roots and yarbs," and can recognize the limitations of his patient, is the successful practitioner. But there are many standards of success. Some consider only the dollar and others consider the helping of the patient on his evolutionary journey. It is not always the brightest student in college who makes the most brilliant success in practice. The one who can "handle his people" is the one with the largest clientele. It is a God's blessing that the tendency of all acute disease is towards recovery.

There is a pride in many people that impels them to feel that they are more important than others; that even their sorrows and troubles are greater than anyone else's. This accounts for some doctors being able to "get by" with such "bunk" as "You are the worst case I ever saw," or "If you had waited five minutes longer I could not have saved your life," etc., etc., *ad libitum, ad nauseam.*

We have human beings at many different stages of development from just above the level of the animal to the very threshold of Christhood. The stage of evolution a person has reached will determine his thoughts, emotions and actions and the kind of mental, emotional and physical body he is using. One could hardly expect a highly evolved individual with a finely organized sensitive physical body to respond to a disease or medicine exactly as an unevolved one with a coarse, animalistic body. The coarse body would respond to heavy doses of therapeutic agents only, while the finer body would require less heroic treatment.

This is nothing new. Dr. J. M. Scudder in his writings stressed the importance of knowing your patient. In his Specific Diagnosis he described the different temperaments—nervous, lymphatic, sanguine, etc. This paper states the same thing in different language and from a somewhat different viewpoint.

A study of phrenology and physiognomy will help greatly in classifying patients. We are told this is due to the fact that when a quality of character is developed, a portion of the brain has to grow to express that quality. As the brain grows the bony skull has to expand to accommodate it and we have a bump on the head. As a trait of character grows it is expressed in the face. Take a person with a broad, open countenance, eyes set far apart, and who can look you in the eye—you can depend upon him or her at all times. Take one with eyes set close together, shifty look, always looking around but never at your eye; you would not trust him any further than you could throw him. One with a sharp-pointed nose, thin features, active, wiry and fidgety, will seldom have the question, how to get fat, answered affirmatively. But they are like the proverbial politician who seldom dies and never resigns. They will enter the valley of the shadow of death, turn right around, and come out again. The man or woman with a short pug nose and porcine jowls is not expected to have much resisting power. They die in a hurry from flu

or pneumonia. There's lots for the germs to thrive on. They have fatty degeneration and all of the ills that come from gormandizing. They are usually subject to quick changes of mood, exaltation and despair alternating. You can depend upon a patient or nurse with a square chin and a determined mouth doing just as you order without cavil or delay; but those with a vacuous stare in the eyes and a bucolic look on the face, to them you give your directions very minutely and in writing and have to send someone around to see that they are executed. The mass of humanity is in the stage of evolution where they are controlled by their emotions and desires. These are the ephemeral ones who will laud you to the skies one day and condemn you to the damnation bowwows the next. They like to be humbugged; they are extravagant in all of their statements, and you have to take everything they say *cum grano salis*. They are thin-skinned, and indignantly resent any aspersions upon their actions, whether any might have been intended or not.

PHYTOLACCA.

Wm. P. Collins, M.D., Howard, S. Dak.

Long before I entertained any thought of taking up the study of medicine I became acquainted with phytolacca and one of its therapeutic uses. My father, who was one of the "old time" Eclectics, a graduate from the E. M. I., class of 18—, used to cultivate a sort of botanical garden, and to prepare some of the tinctures used in his practice himself. Among other things that grew in this garden was phytolacca, and it was one of my duties as a boy to assist him in preparing a tincture of the plant. In the fall we would dig up its rather large, fleshy, branching roots, scrub them thoroughly, slice them into small pieces, put them into two-quart jars, cover with alcohol, and screw the covers down tight. Then set these jars away in a dark, cool place for—just how long I do not remember—when, after filtering, the tincture was ready for use.

In the little town in Illinois where we lived diphtheria broke out, and it was then that I learned the value of phytolacca in the treatment of this disease. In those early days no quarantine was observed, and therefore the disease spread very rapidly until nearly every family in town was afflicted, the epidemic extending over a period of several weeks. I remember that during this time father saw and treated as high as seventy cases of the disease in one day, and that his mortality for the entire epidemic was only three. He attributed his success to phytolacca.

You must remember that this was long before antitoxin was heard of, or at least long before it had come into general use. I heard so much about phytolacca at this time and about its wonderful effect upon diphtheria that it was very vividly impressed upon my memory.

I began using it with my first case of this disease, nearly twenty years ago, and have continued to use it ever since with very satisfactory results. I use Lloyd's specific tincture of the root combined with aconite

and gelsemium or belladonna, whichever seems to be most indicated in my case, and I generally add a small teaspoonful of echinacea to a four-ounce mixture. With this I use gargles or sprays of kellesol and hydrogen peroxide, also some antitoxin, and by this method I have been able to handle this once dreaded disease in a most satisfactory way.

The other uses I have for phytolacca are, first, in the treatment of inflammation of the breast of a nursing mother. When applied locally and given internally, it is surely specific, and one can almost see the inflammation subside and the danger of a broken breast vanish. If the nipples are cracked, fissured and sore, as they often are in these cases, just paint them occasionally with Lloyd's specific calendula.

The third use I have found for phytolacca is in the treatment of thrush in babies and little children and in the ulcerative sore mouth of grown-ups as well. Give it in one-drop doses, and sponge out the mouth frequently with a saturated solution of boracic acid in which one or two drams of Lloyd's tincture of hydrastis are added to the four-ounce mixture, and touch the worst ulcerated places with tincture of myrrh. It is really remarkable what a change for the better will take place in these cases after twenty-four hours' treatment.

Phytolacca is also my chief remedy in the treatment of mumps and glandular enlargements due to impure blood. I have never had much success with it in the treatment of bronchocele, though I know that father used to treat this affection very successfully with this remedy. However, he may have combined it in some way that I do not know about so as to make it more effective.

This, I believe, is all I have to say on the subject; and while I have not discovered anything new, I can vouchsafe for these old uses as being absolutely reliable.

DISCUSSION.

Dr. F. W. Moses (Indianapolis, Ind.): Years ago, in 1896, we had an epidemic of diphtheria in one of the southern counties of this State. The children were dying off very rapidly. I had just come into that part of the country, and I treated quite a number of cases with quinine and phytolacca, and while I do not rely on it much now, yet in mild cases it is a very good remedy combined with quinine and belladonna, or whatever is indicated. Now when I have a serious case of diphtheria, of course, I give antitoxin.

In the treatment of glandular troubles I find some glands will yield to phytolacca and some will not. Whether there is a tubercular condition that will not yield to phytolacca I do not know, but I have tried it several times in enlarged glands and it did not work.

In cases of orchitis or epididymitis I get good results. In regard to bronchocele and goiter, I do not know that I ever cured a case of goiter with phytolacca, although I have used it quite often.

While I would not like to discard antitoxin, if I were deprived of it I would depend upon phytolacca and echinacea in the treatment of diphtheria.

Dr. D. E. Saxton: Phytolacca evidently grows everywhere and can be obtained all times of the year. As the doctor said in his paper, I use it for all kinds of glandular troubles, and especially for a mastoiditis. I go out and gather some of the poke-root leaves, pound them up and make a poultice and

apply it. Of course, I give Lloyd's tincture internally, and the results are always satisfactory. There are not as many fat people up north as down south. Some chemist found out that the pokeberry caused a reduction in flesh. I also find phytolacca is of especial benefit in syphilitic cases.

Dr. Wm. P. Collins (closing): In regard to the pokeberry reducing flesh, I remember the birds eating the berries in the garden at home, and they were nothing but feathers and bones. I use antitoxin as well; I do not rely wholly on phytolacca.

APOCYNUM CANNABINUM.

R. L. Thomas, M.D., Cincinnati, O.

As a diuretic and cardio-vascular stimulant, apocynum stands in a class by itself. Early in the last century it earned the title of the vegetable trocar. This action—diuretic—is due to the increased contractile power of the cardiac and vascular muscles and renal vessels when given in therapeutic doses.

In passive dropsies, where debility is the characteristic feature, there are few remedies that can equal it, and possibly none surpasses it. In dropsy due to wrongs of the heart, kidneys or hepatic lesions, whether manifested by edema of limbs or general anasarca, the remedy will not fail.

I do not wish to be understood as claiming it a curative agent in organic lesions of the heart, kidney or liver, but it will give a good account of itself in relieving many of the unpleasant symptoms, prolong life, and render the patient's life more bearable. Acting as a diuretic, and sometimes as a cathartic, the effused material is carried off, and as the swelling subsides relief from the weight of the tissues follows.

In the dyspnea accompanying valvular lesions, apocynum is a most valuable remedy. It adds tone to the heart, relieves dyspnea and enables the patient to secure rest from his labored breathing and secures the much-desired sleep.

The objectionable feature of this excellent agent, nausea, may be overcome by giving it in capsules. A double-0 capsule will hold ten or more drops of the tincture or decoction without producing nausea. The dose to be administered varies from three to ten drops, according to age and condition of patient.

I have given the agent this way in five-drop doses to children without producing nausea. Sometimes the tincture fails to produce the desired diuretic action. In such cases use the decoction, given in the same way, namely, in capsules, beginning with five drops and increasing the dose to the point of tolerance. Occasionally a patient can take as much as a teaspoonful at a dose.

Apocynum is also an excellent remedy in rheumatism where there is debility, atony with edema and puffiness of the affected part. In sciatic rheumatism with the above condition the remedy will prove its worth.

It has been highly recommended in metrorrhagia and menorrhagia, where the tissues are flabby, feeble circulation and with puffiness of ankles. In all cases where there is atony with feeble circulation, with effusion into the tissues, apocynum is the remedy par excellence.

DISCUSSION.

Dr. R. E. Holmes (Harrisburg, Pa.): I was very much interested in this paper. Apocynum is one of the most valuable remedies we have. Some people object to it because of the bitter taste, but it can be given in combination with something else. Then if they can not take it that way I fall back on tablets, which I find very efficient and which work nicely.

Dr. J. A. Burnett: Did you every try apocynum for cardiac asthma?

Dr. E. G. Sharp: In a good many cases where apocynum is indicated we find impairment of the heart, and as the apocynum causes nausea I give a preparation of cactus one-half grain, apocynum one-half grain, in four ounces of chloroform water, giving the doses frequently. This seems to work nicely, does not affect the stomach uncomfortably, and I have gotten very good reselus from the preparation.

Dr. D. E. Saxton: Does not Professor Lloyd have a preparation of apocynum in which the bitter taste is eliminated?

Dr. R. L. Thomas (closing): In regard to Dr. Saxton's question about Professor Lloyd's preparation of tasteless apocynum, I am sorry to say that I have no faith in that preparation. I used it quite a little at first, but never got any results from it. Some physicians say they get good results, but I never did.

In regard to cardiac asthma, I have seen some remarkable results with apocynum. One case was an old lady with a severe valvular trouble who had not been able to sleep for nights, had to sit up, could get no relief from the inhalation of chloroform. I gave her ten drops of subculoyd apocynum hypodermically and she slept all night quietly. I do not say it will always do that, but that was the effect in this case. Some cardiac troubles, where there is loss of compensation and the patient is just about on the edge, nothing will relieve them. I would not say it is a specific for cardiac asthma, but it will relieve in many of these cases.

As to the nauseating effect of apocynum, probably no agent produces as much nausea as apocynum. We have many other bitter remedies that do not nauseate, but few can take apocynum in any kind of doses without soon disturbing the stomach. But if you give it in capsules straight it will not disturb the stomach and you get the direct effect from it.

HYSTERIA IN CHIDREN.

A. S. Tuchler, M.D., San Francisco, Calif.

Hysteria in children is a rather unusual thing. It differs from that in the adult, since the child has no such worries or troubles as is usually found to be the cause in adult life. So we will find that in childhood it is usually a reflex condition, either from dietary wrongs, teething or phymosis. It is also quite frequently observed in girls around the period of puberty, especially if either or both parents are neurotic or of a nervous temperament.

In a clinical study of neuroses it seems that there is usually a deficiency of an internal secretion and which may be the primary cause for this mal-

development. If this pathological state does not become apparent in early childhood, it will become so when the period of puberty will be reached. This condition will then be manifested with painful menses, scanty or profuse, and all sorts of neurotic phenomena or hysteria. There is evidently a thyroid and ovarian imbalance, for when these two remedies are prescribed there follows a sense of well-being and normality. The usual specific remedies which are indicated in this condition do not seem to have such a curative or lasting effect as when the organic extracts are prescribed.

From clinical observation during a period of five years the comparative results of medication have been much more satisfactory when treatment has been along the lines of organotherapy in connection with the usual indicated remedy than when using the latter alone as in former years.

If there should be any mental unbalanced condition in connection with this hysterical or neurotic symptom, then the indicated organic remedies are imperatively called for. It is well to study these latter remedies in this connection, as their application will give results that would astonish the medical man and please the parents as well, for it is results that we are all after.

BELLADONNA.

E. F. Shaulis, M.D., Indiana, Pa.

Belladonna has a wide range of application. Ellingwood's Materia Medica and Therapeutics classifies it under sedatives to control fevers with the symptomatology of antipyretics directly stimulating the circulation. It is very definite in its physiological influence. I believe there is no remedy more definite with its very small dose, and still comparatively harmless if continued over a short period of time. Examples of these are the dilated pupils, a cerebral excitant, the specific action upon the peripheries through the cardiac muscles and accelerator nerves.

The physiological action produces a fullness of the capillary circulation and a flushing of the face, and in still larger doses flushing over the entire body. While it produces a cerebral fullness, it decreases the amount of blood in the spinal cord at the same time. It is well worth studying as a stimulant in narcotic poisoning, acute alcoholism, shock, etc. These are very beautiful things to keep in mind in prescribing this remedy.

Again, it suppresses the secretions of all the organs and causes even constipation, and yet we get very beneficial effects in the small doses in renal and stomach secretions. This is most likely due to the fact that it seems to have a special power over capillaries, and therefore is of much value in all inflammatory conditions.

It restores normal capillary circulation through its influence on the cardiac muscles and accelerator nerves. There is therefore, I believe, no known remedy that has so much power to prevent engorgement of the varied tissues, glandular mucous membranes, meningeal coverings, skin, secreting tissues, etc.

The indications for this remedy stand out boldly, and if prescribed will bring the answer. The indications are dull face, dilated pupils, dullness of mind and tendency to sleep, impaired capillary circulation of the skin, congestive condition of any part, and excessive secretions of any organ. If prescribed under such conditions your results are certain.

Belladonna has come into special use through its alkaloid, atropine, and atropine sulphate, as used by the eye, ear, nose and throat men. All schools of medicine are using this because of its definite action on the pupil, and I believe largely unconscious of its effect upon the capillary circulation, overcoming hemorrhage.

I have known of leading stomach specialists to depend upon it in a great many of their prescriptions used mostly for hyperacidity. You can readily see why—that it was because of its action upon the secretions.

In acute infections and contagious diseases of childhood it stands out among its neighbors like a sturdy oak among the underbrush. It has practically no competitor in these particular diseases. It is equally as efficient in many other infections, such as erysipelas, different kinds of blood poison and septic conditions of most kinds where there is heat, redness and swelling.

We could go on with detailed cases, but suffice it to keep in mind the physiological action of the drug and prescribe according to the indication, and if there is any drug that will prove itself, it is belladonna.

PROTEIN SUBSTANCE IN EPILEPSY.

A. S. Horovitz, M.D., Cincinnati, O.

It is a well-known fact since the time of Hippocrates and Galen that the quantity and quality of the food partaken is in many instances responsible for the health condition of the body. In the time of Galen they had already formed an idea that the cause of disease is an absence of the equilibrium of an internal physiological process. This theory is really the only one which survived the centuries to be stronger today than ever before. It needed a few thousand years, however, to place this theory on a sound scientific basis. Not until physiological chemistry and bio-chemistry made their great advances and discoveries was it possible to analyze and investigate the various ingredients of foods and their activities in the system. Not until the close of the nineteenth century had the medical practitioner and the research worker had the opportunity to observe the effect of various organic chemical complexes upon the live tissues if introduced hypodermically.

The employment of diphtheria antitoxin was the beginning of a new era in medicine—was the beginning of protein therapy, which unquestionably is the future medication. In the last ten years great advances have been made in the study of protein sensitization, the utilization of various proteins and protein complexes, as an effective therapeutic principle for the purpose of combating various diseases—diseases heretofore unconquerable—diseases of mysterious etiology.

We are today in a position to prove that many ailments are not of specific infection, but are caused by proteins or protein split-product sensitization. One of these afflictions which is responsible for an incalculable amount of human suffering and which is of obscure etiology, is epilepsy.

Epilepsy is wrongly and eroneously listed in all text-books as chronic nervous infection. The phenomenon designated as epilepsy is not the direct outcome of pathological changes in the nervous system, and the pathological changes in the nervous system of epileptics are not due to epilepsy. This statement, however, should not be regarded as a contradiction to the valuable statements made by our eminent Dr. Adlerman; on the contrary, it is only a confirmation—a confirmation based on biochemical investigation. Dr. Adlerman's investigation during a long line of years brought him to the conclusion that epilepsy and insanity or mental diseases are closely associated in a large percentage of cases. In fact, he states that at least 20 per cent. of epileptics become insane sooner or later. This statement is an indisputable fact, and now the question arises: Is epilepsy, then, the cause of insanity, or vice versa? The answer is, No, emphatically No. The underlying cause of epilepsy is the same, or very closely related to, the underlying cause of various forms of insanity.

The underlying cause of many forms of epilepsy and insanity is a protein or protein complex sensitization, which sensitization causes a vaso-motor disturbance with the phenomenon of epilepsy, and in many cases the phenomenon of mental derangement.

Ladies and gentlemen, the righteousness of a theory is established if its application in practice is successful. The theory that epilepsy and various forms of mental derangements due to vaso-motor disturbances is substantiated by various investigators. The outstanding ones are Wexler, Bell, Ward, and a long line of foreign research workers. Dr. Wexler investigated fifty-eight cases. Dr. Bell's investigations are still in progress; so are Dr. Ward's, who, however, has many hundreds of cases on record.

Dr. Finley Bell recorded one case where epileptic seizures occurred very frequently and also outbursts of temper. After these attacks were over the case did not realize that anything unusual had happened. This case apparently was cured by certain protein desensitizations combined with a restricted meat-free diet. Afterwards, the return to the original surroundings and circumstances caused the epileptic seizures again, which were again cured by the above mentioned method. I believe that this is a vivid proof that in this case protein sensitization was the underlying cause of the epileptic seizures.

In another case, cow's milk and milk products caused protein sensitization, which brought on epileptic seizures. In this case certain protein desensitization, with the elimination of milk and its products, brought about freedom from the epileptic seizures. Another vivid proof that epilepsy is the outcome of disturbed metabolism.

Dr. Thompson, of Edinburgh, reports 200 cases of convulsions in infants.

He says, regarding these 200 cases: "Where there can be little doubt that the interesting, and as yet only partly understood, process of anaphylaxis plays an essential part in causation of some and perhaps many morbid phenomena, the continuance of the offending diet may lead to epilepsy and insanity in later life." Many cases of epilepsy could be avoided by finding out the offending protein or proteins which is or are responsible for the infantile convulsions.

In conclusion permit me to say:

1. The underlying causative factor in epilepsy is originally a disturbed metabolism due to proteins or protein complex sensitization.

2. The offending proteins cause a vaso-motor disturbance.

3. The offending proteins or their split products can reach the extremely sensitive nerve centers, causing tonic or clonic spasms of the extensor and flexor muscles, a phenomenon designated as epilepsy.

4. By desensitizing the system all the cases are materially benefited, and where not a long period has done irreparable damage, clinical recovery is assured.

DISCUSSION.

Dr. J. C. Mitchell (Louisville, Ky.): I want to relate a case of asthma in a little child. This case was referred to me from one of the doctors in Nashville when the family moved to Louisville. It was a little girl about two or three years old, suffering with acute asthma. I relieved her and told them to change her diet. She did not have any spells until they gave her some beans; then they sent for me again. Later on they gave her some more beans, and she had another spell of asthma. As long as they kept her off this protein she did not have asthma.

Dr. T. D. Adlerman: I am not going to argue with Dr. Horovitz in regard to the protein treatment in epilepsy, but I do take issue with him in some things. First, in regard to correction of the diet—that this will cure epilepsy. I am sorry to say that in most of the cases of epilepsy that it has been my fortune to encounter, either in the hospital or in private practice, it made very little difference whether you corrected the diet or the disturbed metabolism, for the epilpsy went on just the same. I would like to ask Dr. Horovitz how he is going to correct the diet of an epileptic. It is a well known fact that no matter what the diet is—take meat away from them, and salt, and make the diet as bland as possible, and yet unless certain medicines are administered the convulsions will go on just the same. If you correct the diet as an adjunct to the treatment, I will say it will help some; but do not rest upon the fact that correction of diet will cure the case.

Another statement is that epilepsy is cured. I deny that it is ever cured. I have always claimed in regard to insanity and epilepsy that no case is cured until the patient is dead. A case of epilepsy may not have an attack for a year, but you do not know but what it may come back any time. No epilepsy is cured, as far as we know.

Some one spoke of convulsions. Convulsions are not epilepsy. You may have convulsions which are not epilepsy. They may be due to mistakes in diet. That is not epilepsy. There are certain signs of epilepsy; there are certain symptoms which convulsions do not have. A genuine epilepsy is a different story.

As to insanity and epilepsy, some forms of insanity are accompanied by epileptic seizures toward the end. Certain cases of dementia toward the

end may have epileptic seizures. Does epilepsy itself produce insanity? Here I must agree with Dr. Horovitz. We have a distinct form of insanity that we call epileptic insanity.

Dr. W. P. Best (Indianapolis): Will you kindly tell us what constitutes essential epilepsy?

Dr. W. N. Mundy: Do I understand that epilepsy is never cured?

Dr. T. D. Adlerman: That is my statement.

Dr. G. C. Porter (Linton, Ind.): Your conception of epilepsy is that if the patient gets well he did not have epilepsy?

Dr. T. D. Adlerman: No, I did not say that. I do not know of a genuine case of epilepsy that was ever cured. I do know of cases that are reported as cured, but I question the diagnosis. If the patient has no attacks for a few years, it is not proof to me that he is cured.

Dr. G. C. Porter: Will you tell me how you would diagnose epilepsy?

Dr. T. D. Adlerman: I think Dr. Horovitz will have to answer that.

Dr. A. Horovitz (closing): Dr. Adlerman missed some of my statements. He heard me mention corrective diet, but I mentioned this as a secondary thing. I mentioned the desensitization of the system regarding offending proteins. This is the principal thing. Remove the offending proteins and you remove the underlying cause of the epilepsy. Corrective diet is only an adjunct, only a help. I purposely did not go far on the subject of desensitization, because it would not sound well for me, being the man who did the investigation and being responsible for certain commercial products on the market. No one can accuse me of trying to advertise, and for this reason I did not mention this subject. But I want to say that if you are in position to remove the offending proteins from the system, you remove the underlying cause of many epilepsies.

Dr. Adlerman said that no case was ever cured, even if the seizures ceased for one or two years. You are called into a case and stop the seizures. If they stop for one or two years the patient is very well satisfied. If the patient goes back and indulges in different foods, under the same circumstances the offending proteins will again disturb the metabolism and you again have epilepsy. Remove the offending proteins again and the case is improved. You are here to relieve the case, even if for a short time.

About the diagnosis of epilepsy I believe nobody needs an explanation of that. If he has the good fortune to be called by the patient or his people he will know how to diagnose it. The offending proteins find access to the venous part of the central nervous system, and this going out through the muscles throws them into spasms, and you have the phenomena which may be called an essential epilepsy.

PERIODIC PSYCHOSES.

Theodore Davis Adlerman, M.D., Brooklyn, N. Y.
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Psychologically the life of every individual undergoes certain changes from time to time. Every man and every woman exhibit different moods in different times. They have periods of sadness, periods of ordinary depression of spirits, while at other times they exhibit periods of cheerfulness, periods of normal and abnormal exultation.

When these different changes occur in normal individuals, in normal force, and within the limits of propriety as understood in the community in

which the individual may reside, they are normal and do not come within the scope of this article. When, however, these changes overstep the lines of normality, when the mood changes are associated with certain abnormal manifestations, they come under and within the above mentioned title, and it is the consideration of these abnormalities that we will consider in this article.

In nearly all cases we find that the periodic insanities are mostly dependent to a greater or lesser degree upon a neurotic predisposition. We find that their antecedents were nervous; some were suffering from some form or insanity or other, many of these cases producing a history of nervousness, irritability, erratic conduct and general manifestations of nerve instability.

Periodic mania is a form in which the attacks of mania follow one another with perfect normality, with general irregular intervals of days, weeks months, or even years, the patient being in a state of mental health between the attacks. The attacks themselves may last from a few days to a few months. The prodromal depression stage may be absent in many cases. This applies not only to periodic mania, but also to periodic melancholia. The symptoms of periodic mania are: A ready flow of talk which, while it is not entirely irrational, yet exhibits some peculiar fluency; a flight from one subject to another; an over-active impulse to work, associated with high spirits of exultation. The individual, man or woman, seems to have received an over-abundant supply of energy, an energy which is overflowing and not within the limits of his former life history. Many new and senseless projects are undertaken, promoted for a very short time, to be thrown aside for others just as senseless. Journeys to places are made without any reason for the traveling, the patient never adhering to one project very long but flying from one subject to another. Sleep is lost, meals are neglected in the constant hurry and whirl. General vigor and resistance diminish, and a stage of complete exhaustion quickly follows; the patient becomes worn out, depression sets in, and then the case passes into a normal state, providing some other disease does not set in. For years it has been an open question whether the attack of periodical mania could not be aborted or diminished. Many are the methods that have been brought forth which have met with failure or only partial success.

I find only two drugs of service in these cases. One is belladonna, the other helleborus niger. With these two drugs, in conjunction with other measures necessary in the treatment of the insane, I am able to relieve the cerebral congestion and more than shorten the attack.

Periodic melancholia is an affliction of advanced life, and in women it is mostly a post-climacteric disease. In the male it is mostly a sequence of business troubles or family worries. This condition may be inherited, and is transmissible from parent to child, appearing at the same period of life as in the parent.

Periodic melancholias are usually reasoning melancholias, and delusions of persecution are not present. The disease is ushered in by insomnia, head-

aches, arterial pressure, gastric troubles and feelings of sorrow and mental distress, with a complete lack of ambition. The individual tries to draw away from his fellow-beings and seclude himself; becomes very gloomy; neglects his personal affairs, cries, bewails his own and everybody else's fate, and insists that nothing is worth while. Nights are dreaded by these patients, as they do not sleep and their thoughts seem to increase in their gloomy aspect during the night, at which time suicidal attempts are made and must be guarded against. In the treatment of these cases I use ignatia, valerian, pulsatilla, conium and passiflora with good results.

Circular insanity occurs when a case has regular periods in which the individual is normal for some time, then depressed, and then follows a period of excitement, or vice versa, to be followed again by the normal state. It is a well-marked form of mental derangement occurring in cycles, the attacks being characterized by more or less regular intervals. The melancholia and maniacal stages present the ordinary features of similar isolated attacks in other patients, with a more or less stronger predominance of sexual proclivities. As in all periodic insanities, the influence of heredity, the more frequent occurrence in the female sex, the unfavorable prognosis—are all manifested very strongly.

Not all alienists describe circular insanity as an entity. Many simply include it under the general designation of manic depressive insanity, while some others call it insanity of the double phase, while still others name it cyclic psychosis. The symptoms of this interesting affliction vary. The melancholic periods present many forms and many varieties, from the simple depression to the most pronounced melancholic syndrome. In some cases we have melancholia simplex- in some agitation, and in some others stupor. No matter, however, what form of melancholia the patient may exhibit, it will be exhibited in the same form in all his subsequent attacks.

The same as the melancholic stage may vary, so does the maniacal stage present many types, and in the depressed periods the same features of the mania will be repeated in the attacks of the future. Apparently there is no fast rule for the duration of each period. The melancholia may last for days, months, and even years, the mania for an equal length of time, while the lucid period or rather lucid interval may be short or long according to the nature of each case.

We divide all cases of circular insanity into three groups, one in which both mania and melancholia are more or less mild, and the other in which melancholia and mania are more or less severe; and the third, in which melancholia is severe and the mania mild.

In many patients with circular insanity the affliction has its inception in the melancholic period, while in others it begins with mania. The prognosis in most cases of circular insanity is very unfavorable, and while the tendency to a permanent decline is a slow one, yet it is a sure one, and it is only a question of time as to when permanent insanity is established.

The therapy in all these cases is symptomatic and somewhat problematic.

Atropin, hyoscyamus, helleborus niger, physostigma, stramonium, conium, tiger lily, are the remedies to be used. Patients must be removed from home surroundings and institutional care given. All other measures as advocated in other forms of insanity must be adopted.

Menstrual insanity: This form is met with in women of nervous instability and in the early years of life. Very seldom later than the twenty-fifth year of life. Usually the cases break out suddenly, either before, during, or right after menstruation. The patient will suddenly become very much excited, hallucinations appear, mostly of an erotic nature, some stupor may follow, a maniacal frenzy then takes its place, lasting for some time. All the changes from one stage to another are mixed with hysterical symptoms, and in all lasting about a week or ten days, when the patient will go into a deep sleep and wake up perfectly normal. The prognosis in these menstrual cases is very favorable and the patients can be cured, providing they are kept away from the gynecologists and fake orificial surgeons. In making this statement I do not desire to reflect upon the honest surgeon or the honest gynecologist, as I respect the men who devote themselves to these specialties; but I warn against men in the above specialties who will operate whether it is necessary or not, as long as there is a fee in the case—men who can find cause to operate even when it does not exist—men who are gynecologists today and treat measles tomorrow. The treatment of the menstrual insanities lies not in the mutilations nor in the manipulations of the genitals or orifices of these patients, but in medical treatment administered in the intervals between the attacks.

Melancholia of involution: I described this psychosis in my article on Climacteric Insanity, and will therefore mention it here very briefly only. This depressed psychosis attacks females in the climacteric, usually between forty and fifty-five years of age, and attacks the male after the fiftieth year. The initial profound depression is marked and is accompanied by a gentle crying. Agitation soon follows; delusions of sin and of great transgressions, transgressions which can not be pardoned and therefore must be punished, and suicidal attempts in order to pay for sins are carried out. The treatment of these cases is the same as in other cases of manic depressive insanity.

DISCUSSION.

Dr. William P. Best (Indianapolis): I would like to ask a question. Does the patient with just occasional delusions and then apparent lucid intervals, come under the head of this type of insanity?

Another question: Has an outbreak of unusual loquacity, loud and explosive talking, attending or preceding epileptic attacks, any relation to this type of insanity?

Dr. Adlerman (closing): That would depend entirely upon the nature of the delusion; second, how long the periods of delusion last and how long the periods of lucidity. If the patient has delusions two weeks of every month, then a period of melancholy for one week, and then lucidity, I would claim she is of this type, provided the delusions are such that she is a serious menace. On the other hand, if the delusions are short and she is perfectly harmless, I would say she is an ordinary feebleminded person. If there is

any attempt at suicide, or to destroy property, she is positively insane as we understand insanity today. We have two forms of insanity—medical insanity and legal insanity. It depends entirely upon the community in which we reside.

As to loquacity preceding epileptic seizures, this takes you into the matter of epileptic insanity, which is a big question.

ESSENTIAL DIFFERENCES BETWEEN THE THREE SCHOOLS OF MEDICINE—ALLOPATHIC, ECLCTIC, HOMEOPATHIC.

Allopathic, Eclectic, Homeopathic.

JOHN M. SCUDDER, M.D.

I do not know that I am competent to present the differences between the schools of medicine, because I belong to one school, and may be regarded as prejudiced in its favor; yet I have a working knowledge of the three, and could practice either with fair success. I will concede that each has some advantages, and that each one will appeal to a certain class of minds as being most in accord with his experiences of nature, as well as his experience in medicine.

It is possible that the time may come when there will be but one practice of medicine, and when there will be but one designation for the followers of the healing art—that of physician. But that time will not come until men have so greatly changed that they will concede freedom of belief and freedom of action to all who may differ with them in belief and practice. So long as it inheres in man to coerce his neighbor to believe and act as he does, so long will there be sects in medicine as there are in religion.

I may state that the word Allopath does not correctly describe our *regular* brother, and that they object to it; yet I do not see why they should object, for they do not employ medicines because they produce like effects, but rather because they produce effects opposite to those of the disease. The definition given by Thomas expresses a very unobjectionable law in medicine: "The curing of a diseased action by inducing a different kind of action, though not necessarily diseased."

Neither does the ordinary meaning attached to the word Eclectic give a fair idea of the school of medicine which it designates. "To choose" is taken in the sense that one is always choosing, according to his varying opinions without law or other reason than his own will. The fact is that it is used by Eclectics in three senses: "We have chosen," "we are choosing," and "we shall continue to choose" those means which experience and experiment have proven and will prove

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* This was written by the late Professor Scudder thirty years ago, and is reproduced for the benefit of prospective medical students. Copies of similar articles by Professor B. H. Nellans, M.D., and Professor J. H. Beal, Ph.D., and sample pages of Dr. Felter's new work on Eclectic Materia Medica and Professor Thomas' Eclectic Practice will be sent free on request.

curative, guided by rules which will hereafter be named. The choice of the past has furnished a well-established practice, to which we are adding now, and to which we expect to add in the future.

The name Homeopathy accurately expresses the character of the school, the law the practice is based upon, the methods of study, and the methods of experimentation; it is—that as medicines given to the healthy cause certain *symptoms,* they will cure disease showing similar or like symptoms. I do not know that our Homeopathic friends would go further, and claim that as medicines cause certain conditions of disease, they will cure the same conditions of disease, but I rather think not.

It is well to remark here, that, whatever may be said of "treating symptoms," or "not treating symptoms," all physicians are guided in diagnosis and treatment by the symptoms which are present, however they may use them. Symptoms is the language of disease, which, to the physician, is as clear as articulate speech in the ordinary experiences of life.

It may be further remarked that in many things the three schools of medicine agree. The anatomy, the physiology, the chemistry, the art of obstetrics, the art of surgery, and preventive medicine, are the same in all, and each insists on a thorough preparation in all of these. The points of difference, then, are in materia medica, and the administration of remedies for cure.

Theories of Disease.—Our Allopathic neighbors have somewhat gotten over their old opinions—that disease is an entity to be forcefully driven out; or that it was a condition of over-activity, *phlogosis,* to be depressed by depressants or antiphlogistics; and they do not even seem unanimous that it is due to certain micro-organisms, *zymes, phytes,* or bacilli, which are to be killed by the use of insecticides.

The Eclectic takes the ground that the sick person has an impaired life, and that to the extent of his sickness he is approaching death. The prime object of treatment, therefore, is the conservation of life. He recognizes the course of disease as depressant, every manifestation of disease as an impairment of structure or function. Removing the cause of disease is like lifting a load from the over-burdened person. Aiding the restoration of normal function is a conservation of life. Adding to the ability of the body to bear disease whilst it must last is looking toward life and health.

The Homeopath is not necessarily concerned with a theory of disease; it is enough to find the patient sick, and it is his business to find the remedy which will cure, and it is for this he studies his case. He is not obliged to train his thoughts and studies in this narrow path; but if he is to be successful the closer he does it the better he succeeds.

The Use of Drugs.—Our Allopath believes in medicine, sometimes to the extent of "turn nature out of doors, and give your physic." He rarely uses remedies singly, but believes in compounds, mixtures and

formulæ. The old idea was to have in a prescription a *basis,* an *adjuvans,* a *corrigens,* a *vehiculum,* though in fact the *basis* would consist of from two to five separate drugs, one for each phase of the disease. It was, and is yet, a shotgun practice.

The Eclectic believes in a single remedy wherever possible, and a simple combination always.

The Homeopath believes in the single remedy; and if others are given, they are administered separately and in alternation. He goes further, and insists on stopping the medicine when its action has been sufficient for the cure.

Power of Drugs.—The Allopath believes in the power he can see or feel—the power of quantity. Things that do not act decidedly he calls inert. He would say there was no power in a grain of charcoal, a drop of glycerine, or the fraction of a drop of nitric acid, yet he would concede it to the hundredth of a drop of nitroglycerine. He claims that Homeopathic dilutions and triturations are inert, and that our doses are so nearly so that he can not see how they influence the body.

The Eclectic has found that the *small* dose is superior to the large one. He gives remedies for their direct curative influence, and not for their gross or poisonous action. He objects to internal remedies as means of derivation (counter-irritation), and to the over-stimulation of any part that some organ may benefit by it.

The Homeopath believes that the power of drugs is increased by subdivision—either by trituration or by dilution. It is always the finer remedial action that he is looking for, never the gross decided action; he recognizes that remedies have a power far beyond their gross influence, and that seemingly inert material may have a curative influence.

The Dose of Medicine.—The Allopath employs large doses, which are frequently objectionable to sight, smell, and taste, and unpleasant in their effects. The sick become receptacles of drugs of various kinds and qualities, so that with some physicians a small drug store will be found in the chamber of a patient.

The Eclectic uses small doses—five or ten drops of a tincture to four ounces of water. So small is the dose that a disease like typhoid fever will be treated with a few drachms of medicine. It is not only small in quantity, but it is unobjectionable to the senses, and the nausea and disgust at medicine taking are done away with.

The Homeopath uses still smaller doses in which there is neither taste nor odor. Their pharmacy is of the best, and remedies are dispensed in pellets of sugar, or in solution, in water.

Dispensed Medicines.—The Allopath believes in the drug store, and writing prescriptions, ordering much larger quantities than are really necessary.

The Eclectic holds it is much the better practice for the physician to dispense his own remedies at the time when they are needed. There is greater certainty that the remedies are good, less liability to mistake,

less trouble to the family or person, besides the saving of valuable time. The Homeopath agrees in this, and always dispenses his own medicine.

METHOD OF SELECTION.—The Allopath claims that there is no law of cure or of selection. He gives medicines because they have been recommended in like cases by the authorities; "because they have been found useful in this disease." He follows authority blindly, whether it is old or the present time—as goes a leader, so go they all, like a flock of sheep after the "bell-wether."

The Eclectic gives a remedy because it is indicated by certain well-known symptoms. They have studied the materia medica of each school with reference to this matter—all that has been written for the past two hundred years; and they have carefully noted the cases where remedies have acted well, and where symptoms were named. Then experiments have been made to determine the relationship of symptoms with the curative action of remedies, until at last the *indications* were defined.

To a certain extent the selection is made by a study of the physiological action of drugs. By this we determine how the drug acts and upon what particular part it acts. Knowing the quality of the action, and the part influenced, a simple process of reasoning will give its curative effect. But this study is carried further than the action upon the healthy person. The study is made upon the sick, and the facts become clinical. It is the influence upon the sick which is of the utmost importance and which we wish to know.

The Homeopathic law of cure—*similia similibus curantur*—is really the law of selection. They give a remedy because it has produced *like* symptoms, when being proved. Remedies are tested (proved) upon healthy persons and all the symptoms or days carefully noted. When the symptoms in a number of persons agree, they are deemed *indications,* and followed.

LAWS OF CURE.—Our regular neighbor will not admit that there is a law of cure. He is not *allopathic*—curing disease by producing another—nor *homeopathic*—curing disease by the use of remedies which produce like symptoms. Even the maxim, *opponens opponenda,* does not suit him—he gives medicines "because they have been used with advantage in similar cases"—it is pure empiricism.

The Eclectic gives remedies because their effect is *opposite* to or opposed to the diseased action. They may be selected according to the law of similia, or by empiricism, or by their known influence upon function and structure—physiologically or pathologically.

They hold that remedies contain a *force,* which, set free in the body, influences its functions (mode of motion), doing that which is necessary to bring it back to that normal condition which we call health. They believe in the rule of measuring disease taught by Dr. C. J. B. Williams, that it is either an *excess, defect* or *perversion;* that remedies

lessen an excess, restore a defect, and change a perversion to the normal standard.

They believe that the laws of nature hold good in medicine as in all things:—that like causes produce like effects; that medicine as a force must be regarded as a cause, and that a proper study of disease and remedies must bring nature's law in operation. If we have determined clearly the condition of the body when it acts kindly and cures, it will always have the same action, if we have the same conditions present.

The Homeopath claims that he is wholly guided by law, and that the law of cure is *similia similibus curantur,* and there is no other; that whenever medicines cure, whether in large or small doses, or by whomsoever given, the cure is in accordance with this law. My opinion is that they do not state the matter correctly (though they should know), and the fact is that it is rather a law of selection than cure.

These are concise statements of the differences as I see them, and I think I have put them in plain form. Whilst we do not object to learning from empiricism, we do claim that the time should come when the facts being gathered together and arranged, certain rules should be formulated for the giving of remedies with certainty.

We do object to the continuous use of unpleasant drugs which keep the stomach in a state of revolt, prevent the taking of food, and lessen digestion. We object to the continuous use of cathartics and the everlasting purgation of the sick. The same objection holds good to overexcitation of the urinary organs and the skin by diuretics and diaphoretics. We object to the antiphlogistic treatment in its entirety, but more especially to blood-letting, to mercury in all its forms, to antimony and to like drugs. We object to the free and continuous use of opium, morphine and chloral to narcotize the sick. We object to the use of coal-tar antipyretics, and to the principle upon which they are prescribed. We object to the common use of quinine, in which it is given in all diseases in large doses. We object to the administration of any drug unless it is clearly *indicated,* and the prescriber can see clearly that it will be of benefit, and not do harm.

It has been said by some that we are Homeopaths, or if not, that we are very near it. But these have not examined the subject—neither the modern Eclecticism, which is called Specific Medication, nor the teachings of Hahnemann and his followers. A very slight study of the two will show the difference. Indeed, I think that if the reader will think of the difference here pointed out, he will see that the two are distinct.

The Homeopath employs a very much smaller dose—infinitesimal, and not sensible. We employ a small dose, it is true, but sensible to taste and agreeable in action. We give a remedy because it has had a certain influence upon the sick; they because it has had a certain

influence upon the well. They because of its *similia,* we because its effects are opposed to the phenomena of disease.

The indications for remedies in the two schools are very different —sometimes the opposite of each other—and no one who will examine the subject can mistake. Take the remedy aconite. The indication as given by us is, the *small, frequent pulse;* by the Homeopaths, 2,400 symptoms and 800 conditions, not one of which is the same as ours. Of belladonna the Homeopaths say, "General irritability and acuteness of the senses." We give the indications as *dullness, drowsiness, congestion.* Of gelsemium they say, "More or less inability to think, unconsciousness, general stupidity." We give the indications, *flushed face, bright eyes, increased heat, increased excitement.*

But there is little use to name individual remedies, for it extends to the entire materia medica. We are only alike in claiming certainty for remedies, and that indications for them may be read by the close observer. We also agree that remedies should be small in dose, pleasant in form, kind in action, conservative of life, direct in influence, relieving the unpleasantness of disease, shortening its duration, and saving life.

I believe I have presented the case fairly. Our regular neighbor asserts that there are no specifics in medicine; that the action of drugs is uncertain; that no man can be sure of the action of medicine; that there are idiosyncrasies which can not be taken into account; that practice must be learned by experimentation; that clinical study is the essential.

The Eclectic claims that medicine should be specific; that its action is certain, and that the seeming uncertainty is due to a want of knowledge on the part of the physician, and that the idiosyncrasy should be charged to the account of the doctor.

TREATMENT OF LOBAR PNEUMONIA.

R. L. Thomas, M.D., Cincinnati, O.

There is perhaps no other acute infectious disease affecting all ages that is attended by such a high mortality or more dreaded by the laity, than pneumonia, for notwithstanding the great amount of study and research work done during the last half century, the mortality has progressively increased, whereas it should have decreased. The study for a specific remedy or treatment has failed and probably never will be discovered, for the reason that scarcely any two cases of pneumonia are alike.

Etiologically we have Type I, Type II, Type III, and Type IV. Types I, II and III consist of strains which seem to be fairly constant in their characteristic reactions within their respective groups, and have been called fixed types. The organisms of Type II present certain minor differences within the group, and several subtypes have been distinguished.

Type III consists of the pneumococcus mucosus, which with its large capsule and moist growth differs morphologically and culturally, as well as serologically, from the other types.

Type IV is a more heterogeneous group, and in it are placed organisms which do not fall within the other three types.

Etiologically, we thus see that all lobar pneumonias are not alike. Clinically there is still a like complex condition seen. Thus in central pneumonia the lesion begins in the center of a lobe, gradually extending to its periphery. The pleura not being involved, there is little or no pain, and the physical signs being indefinite, the disease may run its course unsuspected.

Apical pneumonia, a common form in children and attended frequently by great irritation of the nervous system and sometimes by delirium. There is but little cough, and what pain is present is due to nervous disturbance. this form is also frequently overlooked.

Massive pneumonia, where the whole lung is involved and which gives the characteristic phenomena of lobar pneumonia.

Migratory pneumonia, wandering or creeping, in which one portion after another of one or both lungs are successively involved.

Double pneumonia, where one or more lobes of both lungs are involved.

Typhoid pneumonia, with sepsis to add to the gravity of the disease.

Epidemic pneumonia, so often associated with influenza and one of the most grave forms.

Bilious or malarial pneumonia. This occurs in malarial sections and is attended by chills, vomiting of bile, jaundice and severe nervous symptoms.

Alcoholic pneumonia, with but little fever, slight cough and little pain. Sputum profuse, watery and prune juice in character.

Post-operative or ether pneumonia not infrequently occurs after serious operations, especially of the abdomen.

Terminal pneumonia. Here the history is that of Bright's disease, tuberculosis, diabetes mellitus, organic heart disease, or some form of chronic nervous disease.

Pneumonia in children, in the aged. Secondary pneumonia, crossed pneumonia, the lower lobe of one lung and upper lobe of the opposite side.

I have at some length given these etiological and clinical varieties to show that while all come under the head of lobar pneumonia, when it comes to a rational treatment there are many, many lobar pneumonias. That the profession at large has failed to recognize this most important fact is seen in the treatment and is largely responsible for the high, increasing mortality.

We see one part of the profession advocating the temperature of the room to be 60 degrees, with ice bags to the chest, or the use of the ice cradle, while another part of the profession advocates hot packs, hot baths and temperature of room not below 68 or 70.

Then we have the creosote carbonate treatment of Van Zant and Thompson, in which seven and one-half to fifteen grains are given every two hours; the Seibert camphor treatment and the camphor and digitalis routine treatment. Of this latter treatment Klein, writing for the March number of

Medical Science Abstracts and Review, points a warning of danger. A patient of his, a student of nineteen, suffering from a relatively mild attack of broncho-pneumonia, without severe circulatory disturbance, received two doses a day on the third and fourth days of disease (10 c.c. of ol. camph. forte). About half an hour after the fourth and last dose he complained of general discomfort, quickly became deeply cyanosed, lost consciousness, the radial pulse could not be felt, and finally respiration ceased entirely. By means of artificial respiration, kept up for *forty* minutes, intravenous injections of caffein, digalen and adrenalin, the patient finally came around. The next day, without a further dose of camphor, had another attack, lost consciousness and his respiration ceased. Recovery followed the same treatment as on the former occasion. Klein suggests that instead of causing delirium, hallucinations, etc., as camphor may do, there was paralysis of the respiratory center in this case. The camphor oil was analyzed, was found to be pure, and contained no oxycamphor, which is known to paralyze the respiratory centers.

The digitalis treatment recommended by Petresco, in which one to two drachms of powdered digitalis leaves are given per diem. Of this treatment Sajous says that it has seemingly been shown to increase rather than decrease the mortality from the disease.

The Solomon Solis-Cohen quinine treatment, consisting of a soluble double preparation of quinine, quinine and urea hydrochloride hypodermically. The initial dose is fifteen to twenty-five grains, to be repeated in three or four hours.

These various prescriptions cited have been used by men who are rated very high in the medical profession and are keen students of the *science* of medicine. If this be scientific, may the Lord deliver us from such.

We most heartily believe that every case of pneumonia should be treated for the conditions found present. That is to say, having diagnosed our case as pneumonia, forget the diagnosis and treat the patient. The one whose characteristic symptoms are those of sthenia surely would not have the same treatment as the patient with asthenia. The patient with marked sepsis should not have the same medication as the one where this lesion is absent. Great excitation of the nervous system, with active delirium, certainly would require different remedies than the one who was in a comatose condition.

The sane, common sense method of treatment, and one that will give a very low mortality, is one where the patient is placed in a large room where it is possible to maintain the temperature at 68 to 70; plenty of fresh air; the secretions from bowels and kidneys maintained; plenty of cool water; a liquid but nourishing diet given, and only such remedies used as are clearly indicated by the conditions present and avoiding stimulating the heart with strychnia, caffein, digitalis, whiskey, etc., and a larded flannel cloth with emetic powder enveloping the chest will give a surprisingly low mortality.

DISCUSSION.

DR. BEST: I should like to ask if Dr. Mundy can give the relative per-

centage of recoveries from pneumonia as found ordinarily and in the cantonments during the war.

Dr. McCann: What pathological condition is produced in the lungs by ether that causes pneumonia? I had a case not long ago which came near being serious. My patient had lung fever; he did not have an ice pack, no electric fan, and did not have a draft over his bed. I like plenty of fresh air. One neighborhood in my community uses compound lobelia powder locally; in fact the whole neighborhood has taken to this as a remedy in case of cold, and have used more in the last year than in any five years preceding. Asclepias and bryonia are my standard remedies in pneumonia. I use veratrum in fever. Some do not treat fever, but I want something to reduce fever. In small children where other remedies have failed, and where the child seems to choke, I use hypodermic lobelia with charming results.

Dr. Carriker: It is interesting to hear the different methods of treating pneumonia. No two of us think alike; naturally we would not treat diseases alike. From the cradle to the grave we are what we are through what we eat, when we eat, how much we eat, and the method of preparation; what we drink, and how much and when; what we do and what we fail to do. This being true, when we have pneumonia, the first thing in my mind are the habits in life. Toxins are ever present. It is not the best thing to give first a medicinal elimination that will stimulate, relax and then disintegrate, for I have learned this—through all the time we had the flu. where there was a cough, the first thing was to arrest that cough, either during the flu or any case caused by that condition. There is a high blood pressure and low vital resistance; that being true, we have urates, toxins, ptomaine, etc., to contend with. There is nothing that compares with sulphate of magnesia and epsom salts. I use about two tablespoonfuls to four quarts of warm water for adults, giving them an internal bath (or the international bath), that being followed by elimination from the bowels. This is followed by another bath with a temperature of about 65 degrees, and this with a thorough elimination through the alimentary canal. I give this treatment twice daily according to the different cases.

Dr. Ethel Richardson (Illinois): I would like to suggest Lloyd's libradol for pneumonia and flu, etc. My work is exclusively with women and children, and I have had lots of pneumonia cases. Then I had to doctor my mother five or six times. I get quicker results and it is easier to handle.

Dr. D. E. Saxton (Tampa, Florida): Where I live we have all sorts of people. During the flu epidemic there were a thousand soldiers hauled off to be buried because the Surgeon-General of the United States ordered the soldiers placed out of doors for cold-air treatment, and they died. We have many darkies down in Florida, and when they have pneumonia or when they had the flu they closed all the doors, shut the blinds. It got so hot in there, and the odor—you have experienced it, no doubt. The mortality among these people was most surprisingly low. It was something unknown to see a negro die of influenza.

Dr. Jones (Louisiana): I have nothing to say on the pathology of pneumonia. Dr. Thomas covered everything. As to the treatment of pneumonia I have a hobby, but don't want it understood that I neglect any indicated remedies. I treat a great many negroes, white people, Mexicans and Italians. I have had my share of pneumonia. I give fifteen or twenty grains of quinine and citrate of sodium, which causes the blood to circulate through the wounded lung—as long as it will. I keep the patient nourished well, and in the latter part of the disease, if the heart becomes weak, I rely upon strychnine used hypodermically, and keep the bowels open.

Dr. E. G. Sharp (Oklahoma): I have been very much interested in these papers as well as the discussions. The keynote to the situation was announced in one of the papers—that we should diagnose pneumonia, then treat the disease as presented. If we do that we will make no mistake. General outline of treatment, as to room, diet, etc., should be observed. We should not get far from the old specific indications for remedies in the treatment of pneumonia. One author here suggested veratrum in treatment of pneumonia. I cannot understand how he could exclude aconite. That is indicated. I certainly would not exclude aconite in the treatment of children. Bryonia is good for adult treatment. First make a diagnosis, then treat the individual. Be careful not to prescribe a heroic dosage—which we never have been accused of doing, and which has been responsible for more deaths from pneumonia than if left untreated.

Dr. Homer Michener (Wichita, Kansas): I would like to ask Dr. Thomas a question. In ether pneumonia, will ether cure, also relieve? When there is difficulty in breathing it is a mighty fine thing, but when a patient is about ready to "kick in" it will bring him back as quick as anything I know of.

Then Dr. Saxton's colored folks. I have a few in my town, and in treat-flu-pneumonia I learned more from those colored people than I ever knew before. I went out to see a lady—weighed 386 pounds—quite a lady. I judge she had not taken a bath for a long time, and I did not blame her, as there was too much territory to cover; she could not have covered it herself. She was in a room just large enough for a bed and one chair. The windows were fastened tight—had been ever since she had lived there, as she did not think the night air good for her. I could hardly stand the odor in the room; temperature 105. She had been using skunk grease over it all; some consider it as good as rattlesnake oil, but the fragrance does not compete. I wanted to open the window, but was afraid to break out the glass. I just concluded I would fill out a death certificate. But in three days she was up and about. I thought I would experiment on my friends. I shut all the windows. I did not use skunk grease, but compound powders of lobelia. I tried it on my patients. I always believe in telling the truth, but am ashamed to tell the death rate.

Dr. Cole: I use epsom salts solution both internally and externally. I take two heaping tablespoons and put in a pint of luke-warm water and give the patient a sponge bath with that. It reduces the fever and quiets the nerves. I don't know how it acts, but it seems to neutralize the toxins and opens the dermal glands, bringing the patient into a sweat. In children it is fine. Don't let a draft strike the patient. Keep the room warm and comfortable.

Dr. Wyman (Wyoming): This gentleman got ahead of me. I wanted to speak at the time he did. When he got up he said what I wanted to say. so my remarks may be a repetition. I have listened for some time to indications given. This was an Eclectic convention, and I had about come to the conclusion this was not an Eclectic association, that it must be something else. I studied medicine under Professor Scudder—specific medication and treatment of all these diseases—and if we would follow those rules we would have better success. In the treatment of pneumonia, fresh air, not too cold. I don't think there is any disease where specific remedies are so strongly recommended, and if used properly will bring results, as in pneumonia. Adults with a strong, bounding pulse, use aconite and bryonia. As an old-timer, I want to emphasize the resultant success from using specific remedies specifically used.

Dr. Woodward: While on this subject you may as well learn another thing or two. Taking the medical profession by their worth, pneumonia as we know is caused by germs. We give specific remedies for pneumonia, and if they cure, are not Eclectic remedies germicides?

Dr. Mundy: In my paper, in beginning this subject, I said since 1917 it has been cussed and discussed. Every man who has spoken has his own idea of pneumonia and the treatment thereof. The trouble is, we have lost sight of treating the patient and treat the disease. One man says he uses a hot pack, another the cold pack. You cannot use a cold pack on an old man seventy-five years old; he has not the vitality a younger person has and can not stand that cold pack. A few years ago, Dr. Holt recommended the cold pack for lobar pneumonia, making no discrimination between the patient requiring the cold pack and an older person who required artificial heat. A young, robust man could use a cold pack.

With reference to Dr. Scudder, in the last Quarterly appears an editorial wherein I call attention to seasonable remedies. That is what specific medicine is. Dr. Scudder used to tell us the conditions requiring cold and hot packs. He told us when a fellow needed an acid bath and alkaline bath. That is specific medication and can be applied to pneumonia. I don't treat pneumonia—I treat the patient. Flu pneumonia or bronchial pneumonia cannot be treated like a case stricken down in twenty-four hours in a healthy, robust type of manhood. Pneumonia is a disease; it comes quickly, gets well quickly, or dies quickly. The only time where it is known to linger is when empyema or some complication arises. As to mortality, how are you going to answer this question? How many of you men keep careful records of your cases so that you can count up your pneumonia cases and give the mortality? If there are a half-dozen I would like to see them. That is the reason you cannot give statistics.

Dr. Thomas (closing discussion): I believe someone asked about ether pneumonia. Dr. Michener wanted know when I gave it. I don't give it for pneumonia; ether pneumonia follows when a patient is one or more hours under ether. If a patient needs a stimulant, a little ether might be beneficial, but in ether pneumonia there usually is an engorgement of the lungs after having been under ether for a long time.

There is more hyperstatic than lobar pneumonia. Dr. Wyman says we are in a different convention. I did not think it was necessary to repeat that we stick to aconite, ipecac and those things. When I talk to my students I tell them when to give these things, but it is not necessary to take your time on something you know.

Libradol in specific pneumonia, locally applied, but I think it will kill some patients if used all the time.

I made a diagnosis of pneumonia and directed that the patient be got to the hospital as quickly as possible. I stated that I would be over in an hour or two. When I got there the patient was enveloped from neck down with antiphlogistine and drenched in a cold sweat. I got that off at once and rubbed her dry, else we would have had a fatality. Whether you use a bath or local application of any kind, internal medicine or whatever you give, you must have a condition that the remedy will remove. You cannot cure all cases with epsom salts. I heard an old Eclectic say he had never lost a case of pneumonia and only used veratrum and bryonia. There is no remedy that will cure all cases, as you have not the same condition. Make your diagnosis, then treat your patient. You have no remedy that will cure pneumonia. If you use antiseptics, if you have to use stimulants you have to use them, but you have to treat your patient.

ECLECTIC PRACTICE OF MEDICINE. By Rolla L. Thomas, M.S., M.D., Dean and Professor of Practice in the Eclectic Medical College, Cincinnati, O. Fourth revised edition, royal octavo, 1033 pp., illustrated. Cloth, $8.00. John K. Scudder, Publisher, 630 W. Sixth Street, Cincinnati, O.

The necessity for a fourth edition of this well-known book testifies to the esteem in which it is held by hundreds of practicians who are not circumscribed by the narrow limitations of orthodox medicine.

Homeopaths and Eclectics have much in common, as is evidenced by the fraternal spirit which has always existed between them. They have given and taken in a mutually helpful way, so that many of our remedies are likewise used by them and the indications are frequently quite similar. In his introduction to the book, the author, among other things, says: "The prejudice against the system (Eclecticism) is due to the fact that it is generally misunderstood." How true indeed this observation is and how aptly it applies to Homeopathy! He states further: "Eclectics do not advocate or administer specific remedies for specific diseases, such as a remedy or combination of remedies for pneumonia, typhoid fever, dysentery, etc., but do prescribe specific remedies for specific pathological conditions. Every change from the normal, or every pathological condition, gives expression to such change by symptoms, and experience has proven that the *same* pathological change is always expressed by the *same set of* symptoms, and having once learned to recognize such a condition, we have it for all time."

This has a familiar sound and with a few amendments would make sound Hahnemannian reading. We Homeopaths, to be sure, individualize, or are supposed to, a little more strictly; we pay a little more attention to the personal equation, as it were. Further along in the introduction, Dr. Thomas utters a splendid truth, which should be emblazoned in letters of bronze above the portals of every medical college, when he says: "While I recognize the importance of being able to diagnose the disease in its entirety . . . at the same time it were better for the doctor if he can forget his patient has typhoid fever, pneumonia, dysentery or whatever he may have, and study the *conditions* that are present." Homeopaths will cheerfully subscribe to this pronouncement.

The book is splendidly printed and conveniently arranged in eleven parts, commencing with infectious diseases and ending with animal parasites. Following this last is a part captioned "Miscellaneous," which includes "Weights and Measures," "Incompatibles," "Poisons and Antidotes," and "Indications for Remedies." Among the latter we find *Eupatorium* (perfoliatum); full pulse, full skin, tendency to perspiration even during fever; deep-seated pains in muscles and bones—gtt. v to gtt. xx in water ℥iv. Als *Chelidonium*. Scybalous feces; pain in right shoulder and in dorsal spine; greenish yellow tinge of skin.

All this has a most pleasantly familiar sound. Finally, a well-arranged complete index ends a work which physicians of all schools will find helpful and instructive on many occasions. We can all afford to learn when it comes to healing the sick.—R. F. RABE, M.D., Editor *Homeopathic Recorder*.

ECLECTIC MATERIA MEDICA, PHARMACOLOGY AND THERAPEUTICS. By Harvey Wickes Felter, M.D., Professor of Materia Medica in the Eclectic Medical College; Editor Eclectic Medical Journal. Royal octavo, 743 pp., illustrated. Cloth, $8.00. John K. Scudder, Publisher, 630 W. Sixth Street, Cincinnati, O.

To say that this book fills a long felt want is to express so mild an opinion of its value that really does not do justice to the author, who succeeded in compiling his own experiences with those of others and presenting to the profession a volume which, to the general practitioner as well as to the student, will prove indispensable.

We may say in the famous stereotype of the toastmaster, that Dr. Harvey W. Felter needs no introduction to the Eclectic medical profession as a medical writer, and anything from his pen will always receive attention. The present work can be considered as a standard, a guide and as an authority in all concerning an up-to-date materia medica. I do not consider this book as an Eclectic book only; I consider this book as a work which should be in the hands of physicians of *all* schools—that is, of physicians who desire to know, physicians who treat the patient according to indications presented, and who do not wait for the detail men to come around to tell them what serum to use; to these physicians, no matter if Eclectic, Homeopathic or Allopathic, the book of Dr. Felter does "fill a long felt want."

A careful examination of Dr. Felter's work reveals a knowledge of botany, pharmacology and therapeutics that is surprising. The author presents his subject in a masterly manner, a manner which is specific and to the point. Take the chapter on conium. In short and well-adapted words you are given the toxicology, specific indications and therapy of the drug, and when you read the book you are learning something. Read the chapter on "Hyoscyamus." To me as a neurologist it is of especial interest, as hyoscyamus in the hands of the alienist is indispensable, and yet the administration of hyoscyamus is handled by Dr. Felter in a masterly manner. The different mental diseases in which hyoscyamus is used are presented in such a short and precise way that even a general practitioner, as well as the student, will get very clear ideas as to the administration of this drug.

Dr. Felter's Materia Medica will appeal to all physicians on its own intrinsic merits; of the latter it has very many. The arrangement of the subjects is excellent, and their handling is equally so. I especially like the painstaking way of the author to make his book clear and to the point. And withal the work is up to date in a remarkable degree. This book should be on the desk not only of every Eclectic physician, but on the desk of any physician who wants to know what to do for his patients. One must read this volume with care to appreciate its worth. We predict for this volume a most cordial reception on the part of physicians of all schools, for there is no other book of recent date which treats these subjects in the same scientific, practical and common-sense manner. THEODORE DAVIS ADLERMAN.

The National Eclectic Medical Association
QUARTERLY

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THE SHORTAGE OF PHYSICIANS.

American Medicine of July, 1922, contains a short editorial on the above subject. It quotes from the report of the Council of Medical Education, which glories in the fact "that the number of medical colleges has diminished from 162 in 1904 to 83 in 1921, and that the number of medical students continues to be adequate for the needs of the country, and they possess a finer training for public service."

To a portion of the latter statement we take exceptions. The number of medical students is not adequate to the needs of the country, and the statement that there are emanates from the office of a medical oligarchy that rivals in power any of those that ruled in medieval times.

I am not opposed to nor do I decry the past efforts to elevate the standards of medical education, but absolutely know that the supply is not adequate to the needs of the country, especially of our rural communities. There is scarcely a week but what requests come to my office for a physician where needs are imperative. In my own community, yearly, localities are being deprived of the services of a physician that formerly maintained one or more. Today, within a radius of fifty miles, we can name five or six villages that need a physician.

The claim is being made that good roads and the automobile enable a physician to serve a larger clientele. This is only partly true. There is a limit to human endurance, and a country physician must needs have time for rest and study.

It is a fact that "highly trained men" lack initiative and the power or ability to adjust or adapt themselves to their surroundings, and are frequently lost when compelled to work outside the walls of a hospital. Is there not some danger of the men being overtrained?

Attention is called to the requirements of medical education in Belgium, Peru, Portugal, Spain, Sweden, Germany, Greece and Turkey. It is strange

that attention is not called to the lack of education in some of the countries named. In some of these countries American missionary societies are establishing schools in order to offer to the masses some educational facilities. It is strange, again, how one can borrow or find material with which to bolster up a false position. For years Germany and her educational institutions were constantly referred to as the ideal, and every effort was made to compel our institutions of learning to pattern after them, and it was not without some degree of success. Are we now to be requested to pattern after the educational facilities of a decadent civilization or the "Unspeakable Turk?"

Are these self-appointed censors of all things pertaining to higher education unaware that in no country is there a free educational system comparable to our own? In no country does the country school district offer a free education to all save in our own. True, our modern sanitary engineer and State boards of health belittle the little "red school house," yet from their walls have come to us our most stalwart men and women in every avenue of life.

This is not sentimental, but are we not overstepping the mark and is there not danger that a higher education will only be within the reach of the more wealthy class? The aim of our founders was to make education attainable or within the reach of all who desired it. In spite of the claim of the A. M. A. journal that it is attainable, we take the opposite view, and we gain our knowledge first hand, from contact with the student. The costs are yearly advancing, and the opportunities for the earnest, ambitious youth becoming less, owing to this increased cost.

In an editorial in the current issue of the A. M. A. journal we note the statement that "medical education in the United States is now equal to, if it does not surpass, that in any other country."

In the same number of *American Medicine* referred to above appears a finely written and beautiful theoretical article entitled "Meeting the Problems of Rural Medicine." It is certainly an Utopian idea which he presents. A hospital with nurse, matron and cook all provided for by taxation. The doctor himself to be trained under the auspices of one of the foundations, such as the Rockefeller, and then for his free medical education he is to practice in the rural districts. The tax-payer to pay all. It reads beautifully. A wonderful idea, but the poor people, the tax-payers, are to foot the bill.

Page 989, issue of September 16, 1922, the *Journal A. M. A.* contains a letter to the editor and an answer which is illuminating and encouraging to the poor. The writer has attempted the task there advocated years before it was so burdensome and so expensive. The editor evidently forgets also that colleges today have a habit of limiting their classes and a convenient method of dropping men after the freshman year. We have also known them to be plucked whilst endeavoring to obtain their pre-medical for other reasons than scholarship. The truth is the task has become almost insurmountable to any one save only he who is fortunate enough to have money.

In the same issue, page 975, is another instructive news item from Virginia. If the supply of physicians is sufficient, why then this monetary inducement to men to locate in rural communities?

With county health nurse, county health commissioner, local hospitals and the thousand and one unnecessary additions to our body politic, all paid from the public crib, the common people stand in an unenviable position.

Our politicians should re-read their history and study anew "The Rise of the Common People," or the history of the "Dutch Republic."

MUNDY.

WHERE TO AND WHY?

No one will deny that Eclecticism and Homeopathy are medically a success. Both of these doctrines have stood the test of time, the test of thorough scientific and practical investigations. Both have long ago passed the experimental stages, and thousands of practitioners practice Eclecticism and Homeopathy daily at the bedside with the greatest benefit to humanity, in cases even which have been given up by practitioners of other schools, they having failed to produce any results.

These are facts, and yet we are confronted with a peculiar state of affairs in regard to the Eclectic and Homeopathic schools of medicine. We find that after years of prosperous existence, after years devoted to the establishment of these great truths, today Homeopathy has lost all its medical colleges but three, while Eclecticism has lost all its medical schools but one, and hundreds and hundreds of Homeopaths and Eclectics are flocking into the old school societies and forsaking the faith of their fathers. Why? That is what I want to know. What is it that Allopathy has to offer that we have not got, if anything? What is it that lures them into the spider's web? What is this peculiar force that shakes the very foundation of our schools? Can you answer?

It is natural to expect to meet opposition to medical reform. It is natural for Eclecticism and for Homeopathy, which are conservito-progressive movements, to meet bitter opposition from the old school men, but can we explain and stop this internal breaking away from our own ranks of men who were first Eclectics and Homeopaths, and are now—what?

I have heard it said that "time and tide wait for no man," and that this applies to all progressive movements of the present or past ages. If this be true, Homeopathy and Eclecticism should today be the dominant schools of medicine, and not occupy the humble position of minority schools. Or is it that both of these schools, having accomplished their missions, are in the natural course of things following into decay? Which, and what?

I am loath to believe that our mission has been accomplished; I am loath to believe that both the Homeopathic and Eclectic schools are today schools without any meaning, notwithstanding that these claims are made by the Allopaths.

Medical history shows that the science of medicine has suffered too much in the hands of Allopathy. The history of abuses which have been perpetrated upon poor humanity in the name of science shows that both the Homeopathic and Eclectic schools of medicine are needed by the people to safe-

guard against future abuses, to guard against compulsory adoption of many measures, which could be imposed upon the people were there only one school of medical practice. We are willing to give due credit to the old school. It has done wonderful work within certain given necessary (and some unnecessary) lines, but who can deny the debt owed by humanity to the Eclectics and Homeopaths?

Neither the Homeopathic nor the Eclectic schools have as yet accomplished their missions. A great work still remains to be done, and its completion demands the active energies of both the Homeopathic and Eclectic professions for many years to come, unless the old school establish chairs of Homeopathy and Eclecticim in every State university, chairs with compulsory attendance and examinations in both of the above branches of medical science. It is idle, however, to expect this to happen just at present, hence where and why are you drifting, doctor? ADLERMAN.

THE ECLECTIC SYSTEM OF PRACTICE.

Today I had the fact emphasized that a real practice is anxiously sought by recent graduates from other colleges. Knowing as we do the value of our materia medica and methods of practice, we are apt to underestimate their value to others.

A young graduate of a university school of medicine requested me to tell him how to use our remedies and where to obtain literature, that he might have a better working knowldge of medicine. This incident can be multiplied by hundreds.

This being true, can anybody justly say that the Eclectic practice of medicine has been absorbed by the dominant school, or that it has outlived its usefulness?

The truth is that a more successful system of medical practice is in greater demand today than ever before, largely because of the greater enlightenment of the people, and also because they think we must demonstrate our success in the light of strong criticism which is brought to bear by people outside of the medical profession.

Could you briefly, concisely and intelligently tell an inquiring patron the difference in the different systems of practice? The man of the dominant school would answer the question by telling his patron or his friend that all schools of medicine are about alike; this, you know, is not true, and is much less truthful today than it ever was before.

Do you not think, therefore, that it behooves us, the living, active representatives of the best system yet devised to keep the faith and prove ourselves worthy representatives of a great cause?

Can we consistently send our boys—students—to Allopathic colleges? You know Eclecticism can not be and will not be taught there. Help your own cause. Aid in making it the best in the land, up to date and A-1 in all respects. This means money, students, loyalty and effort. May we count on you? Are you doing or will you do your bit? BEST.

WILL YOU?

I wonder how many of us understand that the elements of medical Eclecticism are strictly revolutionary—and therefore can neither keep still nor go backward? The Eclectic cause, like all revolutionary movements, may at times (like at present) meet with temporary reverses, temporary hindrances and indifferences, which may produce a lull in the energies, but the movement can not be stopped, as this lull of Eclecticism is simply a temporary rest, so to say, before the increased vital energies of the movement will spring forth again.

The constant violations of personal freedom, the constant violations of medical freedom, the constant restrictions imposed upon the medical fraternity, the increased paternalism in State and Federal governments, can result in but one way—a serious demand by the people, the common people, a demand for liberties which were at one time supposed to be the heritage of every American, and which are now becoming something that we must fight for once more.

At the present moment the Eclectic school has two important and bitter enemies to fight. One is absorption and the other assimilation. It is to the interest of the medical octopus not to fight openly the principles or the teachings of the school, as these can not be vanquished. Eclectic principles and Eclectic medicine appeal to all open-minded physicians, but if the octopus can swallow us all—and assimilate us—open fight is unnecessary if the Eclectic school will perish.

Whether this shall be done depends upon you and me. Let us remember that the existence of our school of medicine is the result of greater liberty of ideas, liberty of thought, liberty of speech. I appeal to all Eclectic physicians for support of the Eclectic colleges, and for individualism. Stay out of other medical bodies—support your school. Write to the Council of Medical Education of the National Eclectic Medical Association for further information as to how you can do your share in supporting your school.

ADLERMAN.

"PEDAGOGICALLY RIDICULOUS AND EXTREMELY WASTEFUL."

"There are in the United States at the present time in the various recognized colleges of medicine 14,132 students pursuing the study of medicine To teach these students there are employed 7,589 professors, assistant professors, demonstrators, instructors, etc., or one teacher to less than two students.

"There is no parallel to this in any other field of technical or professional education. Neither in law, theology, dentistry, engineering, nor pharmacy does such a state obtain.

"In Michigan University, according to Bulletin No. 18, published October 29, 1921, there are 189 persons employed by the State to conduct the Medical School, hospitals and the various activities appertaining thereto. From 1913 to 1920 inclusive, the Medical School of the University graduated an average of 54 physicians. Thus it requires 189 teachers to make annually 54 doctors, for each of these 189 are deemed by the Board of Regents necessary to carry

on the work. This is more than three teachers to each student. And with the opening of the new hospital, which is entirely out of proportion to the needs of the school or the town in which it is located, there will be required, at a moderate estimate, an addition of twenty-five persons to the State's pay-roll. The foregoing figures do not include the members of the chemical faculty who teach medical students. We may therefore safely estimate that with the present condition of nearly four teachers to the student and the additional hospital staff required to man the socialistic hospital, and the including of the chemical force necessary for medical teaching alone, we will very shortly have the spectacle of a medical school employing six teachers to each graduate.

"One of the reasons for the merger of the Homeopathic with the Allopathic school, or rather its suppression, was *economy*. In the same Bulletin there are given twenty persons whose services were necessary to conduct the Homeopathic School and Hospital. The Homeopathic school has graduated an average of fifteen in the years above given, or a teacher and a third to each graduate. The action of the Board of Regents seems economically to be a case of saving at the spigot and wasting at the bung.

We believe that the next legislature of the State of Michigan will take cognizance of these facts, and also of the very evident fact that the white elephant, known as the New University Hospital, is entirely unnecessary in the conduct of the medical school, and that there has been 'put over' the legislative bodies of the State a plan to make the State pay the doctors' bills of its people, to pauperize the medical profession of Michigan, and to take away the liberty of the people to select their own medical attendants. And who pays the freight? Jones, the tax-payer!"—W. A. D.

The above, from the *Journal of the American Institute of Homeopathy*, is from the pen of our friend W. A. Dewey, M.D., who has a habit of analyzing things in their true light.

It is these conditions that make the cost of education so high. Endowments, foundations and legislation are simply swelling the expense of maintaining our educational institutions all along the line from the primary department to the universary without producing results. A large faculty and elegant buildings do not make a school. It is the quality of the faculty and the finished product—the pupil. Garfield's definition of a college has no weight today. It is quantity, not quality. M.

ANOTHER PLEA FOR CONSERVATISM IN INTRAVENOUS MEDICATION.

We reproduce the following editorial, as it appears to me it is timely and worthy of consideration:

"Considered from a purely theoretical standpoint, it is not surprising that the possibilities of intravenous therapy have made a strong appeal to the medical profession. The circulation of the blood affords the shortest route for the transmission of drugs to diseased or disordered tissues, except in the instances in which superficial defects may occur. Even in the case of the skin, effective medication, like adequate nutrition, may in most instances be secured best through the medium of the blood supply, the use of local applications being limited for the most part to the relief of external physical conditions or the destruction of parasitic organisms that have invaded the outer

layers. Furthermore, intravascular medication brings drugs into contact with micro-organisms that may inhabit the blood stream and the cells that belong in it. Little wonder, then, in view of such appealing therapeutic prospects, that propagandists for a mode of using drugs scarcely thought of before Baccelli's introduction in 1890 of the intravenous injection of quinine for the treatment of malaria, should have secured a sympathetic audience in recent years.

"As has been frequently pointed out in *The Journal*, however, there are serious limitations to intravenous medication which are likely to be forgotten or overlooked in the enthusiasm for a promising procedure. They involve both disappointments and dangers, many of which were summarized with judicial frankness in the chairman's address before the Section on Pharmacology and Therapeutics at the St. Louis session of the American Medical Association. Not the least in importance are difficulties of technique which form a stumbling block for all too many physicians. An unbiased, erudite observer must often be astounded at the crudeness—let it be admitted—which characterizes the routine manipulative technique of persons supposedly versed in the anatomy, physiology, pharmacology and psychology of man. It sometimes seems as if the keeping of case records, versatility in conversation, and blind faith in traditional office routine had usurped the place of intelligent ingenuity in the conduct of some of the simplest and most fundamental operations in medicine. Sometimes more attention is given to the preparation of elegant vehicles for simple drugs than to common procedures of examination and instrumentation. Yet both features may involve the sense organs of the patient as well as the outcome of his malady.

"Even if the word 'faulty' could be discarded in referring to current technique, if asepsis were inevitable, if subcutaneous, intramuscular and intravenous injections were made painless and perfect rather than bungling, there are hazards in intravenous routes that Voegtlin has clearly emphasized. The blood is not an indifferent fluid; it is a nicely 'balanced' solution. As Voegtlin points out, we know today that the chemical composition of the blood and its physico-chemical properties, such as osmotic pressure, hydrogen-ion concentration and colloidal state, are maintained with remarkable constancy and appear to be essential to physiologic well-being. A sudden change in reaction, the production of precipitates and subsequent thrombosis in vital organs, the overwhelming of sensitive tissues, such as the cardiac and nervous structures, with high concentration of potent drugs—these are a few illustrations of the untoward possibilities in a process that often means 'more haste and less speed' in its outcome. These are not hypothetic musings; they have been ascertained to occur all too frequently. The need of rational conservatism has not yet passed for intravenous medication.—*Journal A. M. A.*, September 3, 1922. M.

CHANGE OF PLACE OF MEETING.

On account of conditions over which we have no control, lack of facilities for entertainment and place of meeting in Waukesha, the Executive Committee decided to change the place of meeting from Waukesha to Milwaukee.

The President made two trips to Wisconsin, first to Waukesha, then to Milwaukee, in order to personally acquaint himself with conditions.

The meeting will be held in Milwaukee, Hotel Astor, June 19-22, 1923. Hotel Astor is situated less than two blocks from Lake Michigan, and only

a ten-minute ride from the center of Milwaukee. It is particularly adapted to house a convention such as the National Eclectic Medical Association.

For our sessions we will have a large corner room on the main floor, which will comfortably seat 250 people; adjoining this room are two committee rooms of good size.

The dining room of the Astor is on the roof, and is well equipped to handle our members and delegates. The Astor also has a garage in connection, which will be very convenient for anyone driving to Milwaukee.

Rooms at the Astor are all with private bath, at rates to be given later.

To those who make the trip to the National meeting a sort of summer outing or vacation trip, this hotel will be as near ideal as any city the size of Milwaukee would afford.

There are many of our people to whom this trip will afford much pleasure on account of the good roads to and out of Chicago. Railroad accommodation via Chicago is unexcelled, and from the latter place several roads have trains, of very best equipment, leaving at convenient hours day and night.

To any who wish to go overland via motor, no better roads may be had. The motor routes will be featured in detail later, full information being made available through these pages. The distance from Chicago to Milwaukee is only sixty-five miles, and the public highways are unusually good. Again, the trip from Chicago may be made via Lake Michigan on the steamer "Columbus." This will afford a comfortable ride for those who enjoy the water.

Since the change became necessary we feel that President Harrod has made a wise choice of place.

From Milwaukee there are hundreds of small lakes within easy motor or railroad travel. To those who wish to extend their vacation and enjoy fishing, boating, and all the comforts and pleasures of small resort lodgings, this affords unusual opportunity.

Every detail in the arrangement will soon be completed and we will be in a position to afford you any information through these pages or by correspondence.

We wish it understood that your officers desire each and every member the most good, comfort and enjoyment possible. BEST.

TO THE MEMBERS OF THE NATIONAL ECLECTIC MEDICAL ASSOCIATION.

It affords me great pleasure to address you through these columns.

It has long been my desire and aim to spread as widely as possible specific diagnosis, specific medication and the principles of Eclecticism, and to place in the hands of those who will follow us, as well as ourselves, such a knowledge of specific medicine that will enable us to realize it more clearly and enter more thoroughly into the details and work which can be more effectively accomplished by this association. No profession is stronger than when it forms into a combined association. The benefit that comes to us when we

meet to study, discuss and to strengthen our association. All men are benefited by a strong and learned medical profession, which is a fruit of organization, as physicians become more attached to their profession, and as they come to know that it is of all professions the one wherein the most good can be done to his suffering fellowmen, and the duty we have to perform. We will be more guarded and zealous of the rights of our profession.

In conclusion, let me urge every State association to put forth every effort to get every Eclectic in each of the States who is not a member of his State association to join at their next regular meeting, which also makes him a member of the National, and urge them to attend the coming meeting of the National, which will be held in Milwaukee, Wis., June 19-22, 1923. A list of the appointments of the section chairmen, vice-chairmen and secretaries, as well as the different committees, will also be found in these columns.

Yours most respectfully,

MORSE HARROD.

OFFICERS AND COMMITTEES OF THE NATIONAL.

The following is the list of chairmen, vice-chairmen and secretaries:

SECTION No. I—*Practice of Medicine.*—Chairman, R. L. Thomas, Cincinnati; Vice-Chairman, T. D. Hollingsworth, Akron, O.; Secretary, G. C. Porter, Linton, Ind.

SECTION II—*Materia Medica and Therapeutics.*—Chairman, H. W. Felter, Cincinnati; Vice-Chairman, H. H. Blankmeyer, Aransas Pass, Tex.; Secretary, Elmer Northcutt, Lexington, Ky.

SECTION III—*Surgery and Gynecology.*—Chairman, E. B. Shewman, Cincinnati; Vice-Chairman, E. G. Sharp, Guthrie, Okla.; Secretary, Dan Griffith, Atlanta, Ga.

SECTION IV—*Obstetrics.*—Chairman, H. H. Helbing, St. Louis, Mo.; Vice-Chairman, W. H. Wagoner, Peru, Ind.; Secretary, Ethyl R. Richardson, Quincy, Ill.

SECTION V—*Mental and Nervous Diseases.*—Chairman, T. D. Adlerman, Brooklyn, N. Y.; Vice-Chairman, A. S. Tuchler, San Francisco, Cal.; Secretary, F. S. Peck, Oklahoma City, Okla.

SECTION VI—*Specialties.*—Chairman, J W. Brown, Ft. Wayne, Ind.; Vice-Chairman, N. A. Graves, Chicago, Ill.; Secretary, Chas. W. Beaman, Cincinnati.

COMMITTEES.

Committee on Credentials.—W. S. Glenn, State College, Pa.; George M Hite, Nashville, Tenn.; A. T. Rank, Van Wert, O.; C. S. Sackett, Charlotte, Mich.

Committee on Finance and Audit.—T. D. Adlerman, Brooklyn, N. Y.; J. W. Kannel, Ft. Wayne, Ind.; O. S. Coffin, Indianapolis, Ind.

Committee on Grievance.—J. S. Rhinehart, Springfield, Mo.; R. T. Rudd, Fulton, Ky.; R. B. Douglass, Terre Haute, Ind.

Committee on Necrology.—W. W. Maple, Des Moines, Ia.; E. W. Holtzmuller, Farmersville, O.; M. M. Harvill, Nashville, Tenn.

HARROD.

NEWS AND NOTES.

California.

Collector of Internal Revenue John P. McLaughlin announced, June 25, according to the Oroville (Calif.) *Mercury,* that so-called drugless physicians, including chiropractors, osteopaths, etc., will not be permitted to register for narcotic permits under the Harrison Narcotic Law. Under McLaughlin's ruling, only regular physicians and surgeons who are licensed to practice in California are entitled to the use of narcotics.

James Stark has removed from 1410 Eighth Street to 580 Lake Shore Avenue, Oakland.

J. S. Huckins has removed from Des Moines, Ia., to 1311 N. Fair Oaks, Pasadena.

Dr. J. Frederick Gaspard is associated with Dr. H. T. Cox at 5684 York Boulevard, Los Angeles.

Connecticut.

The largest number of cases of smallpox ever reported in Connecticut during any year have occurred since December, 1921. Up to October 14, of this year, 441 cases have been reported, with six deaths. The epidemic has been exceedingly costly to the State, health officers having to devote their time to this disease, thereby lessening the time that they could give to their routine work. Additional help and police protection were necessary in order to carry out measures to prevent the spread of the disease. Incidentally, the health department states, all the deaths from smallpox which occurred this year were of unvaccinated persons.

Florida.

Dr. Howard C. Von Dahm, who served in France and was reported deceased, was discharged October 28, 1920, with rank of Captain, and is located at Jacksonville.

Georgia.

Frank R. Howard has removed from Tiger to 32 Brookwood Drive, Atlanta.

Illinois.

At the State Fair held in Springfield, free physical examinations were made by experts of the State Department of Public Health, under the direction of Dr. Isaac D. Rawlings. Blood pressure tests were made and registration cards with height and weight were given out. An annual examination was urged for every one. At the Pageant of Progress, in Chicago, more than 15,000 persons were so examined in a booth in charge of physicians. Free

examinations were made at the Central States Fair at Aurora, and will be conducted at the fair at Kankakee also.

A rather sudden and sharp increase in diphtheria incidence is reported by the State Department of Public Health. During the first week in October, when 335 cases were reported, the increase amounted to nearly 100 per cent. over the last week in September, when 189 cases were reported. The latter was slightly higher than the average for the preceding four weeks. While cases have been reported from every quarter of the State, still the most threatening foci are found in four southern counties, Madison, Saline, Jasper and St. Clair. Up to October 1, there had been reported during the year more than 1,000 cases less than for the corresponding period in 1921.

Indiana.

Wm. A. Hare has moved from Peru to 508 Lindsey Street, South Bend.

Emma Simmons has moved from Murphysboro, Ill., to Whiting, Ind.

Kansas.

C. R. Nelson has moved from Jamestown to Concordia.

Kentucky.

John A. Bernard has removed from Booth Memorial Hospital, Covington, to 3142 Woodburn Avenue, Walnut Hills, Cincinnati.

Dr. A. E. Howe has located at Grants Lick. He has just completed a post-graduate course in the eye, ear, nose and throat in Chicago.

Nebraska.

Elmer Wilmeth, son of Dr. F. L. Wilmeth, was run over by an automobile and killed. The young man was supervising construction work on one of the streets of the city when the accident occurred.

C. C. Drummonds has returned to Harda, C. P., India.

New Jersey.

Dr. Arcangelo Liva has removed to 2 East Park Place, Rutherford.

New York.

Dr. Julian Robinson is located at 244 West Fourth Street, Coney Island.

The Federation for the Support of Jewish Philanthropies has recently isued a report of the work done last year at dispensaries maintained at four hospitals, Mount Sinai, Fifth Avenue, Beth Israel and the Hospital for Joint Diseases, showing that in these dispensaries 129,189 persons received treatment. A total of 398,176 treatments were given during the year, a daily average of 1,381 treatments. The Federation also maintains social service groups in connection with each of these hospitals.

According to the records of the New York City Department of Health, during 1921, 3,483 persons died as the result of accidents. This is a decrease of 400 over the number of accidental deaths three years ago. About 75 per cent. of all victims of accidents were males. Persons at the extremes of life suffered most heavily from accidents; that is, those least able to take care of

themselves. The most important cause of accidental deaths, from the numerical point of view, was the automobile. During 1921, 849 persons were killed in this city as the result of automobile accidents; this is a ratio of about 15 per 100,000 of the population. The heaviest mortality was between the ages of five and fourteen years, the rate during this period of life being 31 per 100,000. During 1921, 864 persons died as the result of falls, a ratio of almost 12 per 100,000. The Health Department asserts that it should be possible to prevent this type of accident. Burns and scalds furnish another cause of death numerically important; almost half of the 323 deaths from this cause occurred during the first five years of life. Accidental deaths from gas poisoning have been steadily decreasing during several years past. During the last three years there has been a substantial decrease in the number of deaths from drowning. During the last year fifty-three boys between the ages of five and fourteen were drowned in the waters surrounding the city, and eighty between the ages of fifteen and twenty-four. The department, in commenting on the figures, calls attention to the fact that most accidents are the result of carelessness, and that children should be educated, from the time they can walk, to exercise care, and that this education should be continued through school life.

J. F. Devoe, of Cannonsville, is located for the winter at 11919 Kimball Avenue, Brooklyn.

Dr. Arnold A. Costabile is located at 819 East 227th Street, New York.

Although opened to receive patients some time ago, the new Cumberland Street Hospital, Brooklyn, formally celebrated its opening on October 1. The following day the institution was opened to the public. On October 3 the celebration closed with a dinner in honor of Commissioner of Public Welfare Bird S. Coler.

Dr. Clarence J. Ohlbaum is located at 3224 Avenue I, Brooklyn.

At the request of Health Commissioner Fronozak, the division of vital statistics of the State Department of Health has made a splendid preliminary report on the infant mortality of Buffalo. According to this report, the death rate from preventable causes in children under one year of age has declined in Buffalo from 140 deaths per 1,000 births in 1900 to 62 in 1919. During the same period the death rate from diseases classed as non-preventable has remained practically stationary. The infant mortality of Buffalo corresponds closely to that of New York, and the two cities show about the same average annual ratio of decrease since 1900. At present more than 56 per cent. of the infant mortality of New Zealand, which has a much lower infant mortality than either New York or Buffalo, is non-preventable, and in Buffalo about 44 per cent. is non-preventable. The infant mortality from preventable and non-preventable causes declined in New York from 203 in 1900 to 76 in 1921. During the same period the rate in Buffalo declined from 187 to 93.

The New York City Department of Health has received an appropriation of $25,000 from the Board of Estimate with which to establish a bureau to fight diphtheria. The work of the new bureau will be to prevent diphtheria

by Schick testing and toxin-antitoxin inoculation. This procedure has within the last two years reduced the death rate of children under five years of age. It is claimed that last year it saved 300 lives and that there were 2,000 fewer cases of diphtheria than during the preceding year. Appointments to be made to the bureau will include five physicians at salaries of $1,340 a year, five nurses at $1,405 and two bacteriologists at $1,495.

Ohio.

Dr. Chas. W. Beaman has removed his office to his new residence, 166 W. McMillan Street. His practice is limited to children and consultation.

Dr. E. T. Moots, of Antwerp, has moved to 1020 Harrison Street, Ft. Wayne, Ind.

Dr. Edward C. Morey is located at 32 E. Fourth Street, Franklin.

Dr. W. O. Pontius has moved from Williamson, W. Va., to 452 E. Rich Street, Columbus.

A survey was recently made by the professor of rural problems at the Ohio State University regarding the country doctor. It is stated that in the remote country districts there are plenty of country doctors to take care of patients, but that, in the regions near a larger city, the physician often forsakes his rural practice for the broader opportunities of the city. It was also stated that the average country doctor practicing in Ohio today has to care for about twice as many patients as does his city colleague. In fifteen Ohio counties that have the largest urban population, every rural doctor now has to take care of an average of 1,512 persons. In the fifteen counties of the State which are most thoroughly rural, there is one physician for every 887 persons.

Emil J. Alban has removed from Bridgeport, Conn., to Station H, Norwood, Cincinnati.

Dr. John A. Bernard has opened an office at 3142 Woodburn Avenue, Walnut Hills, Cincinnati.

Dr. Samuel R. Gerber, a recent graduate, is serving as Ship Surgeon on the Red "D" Steamship Line.

Dr. J. Garfield Smalley has returned to Port of Poaban, Bay Islands, Republic of Honduras.

Dr. Don C. Gaskins is located at Milledgeville.

Ohio State Medical Board.—The quarterly meeting of the Ohio State Medical Board was held in Columbus, October 2 and 3, 1922. All members present except McCann and Sawyer. The next semi-annual examination will be held in Columbus, December 6, 7 and 8. The following certificates were issued on reciprocity on the basis of previous State Board examinations;

W. P. Edmonds, Univ. Mich. '12, Mich. '12, to Washington C. H.

A. T. Fisher, St. Louis Univ. '03, Mo. '03, to Cleveland.

G. E. Gerken, Univ. Mich. '21, Mich. '21, to Toledo.

D. B. Holloway, Hahnemann, Phila., '01, Ind. '01, to Cleveland.

J. P. Horle, Syracuse Univ. '94, N. Y. '94.

J. H. McCall, Detroit Col. of M. and S. '11, Mich. '11, to Cleveland.

O. D. McFall, Meharry '21, Mo. '21, to Steubenville.
L. L. Newfield, Univ. Mich. '21, Mich. '21, to Akron.
J. Reicher, N. Y. Hom. '21, N. Y. '21, to Cleveland.
N. A. Schmeider, St. Louis Univ. '21, Mo. '21, to Athens.
R. D. Schirack, Detroit C. of M. and S. '20, Mich. '20, to Canton.
J. A. Schurget, Univ. Pa. '14, Pa. '15, to Lorain.

Certificates to cult applicants under the five year waiver: A. L. Austin, Cleveland, mechano-therapy; Anna M. Brodnac, Youngstown, chiropodist; Maggie Curtis, Youngstown, chiropody and massage; Mrs. Lydia Pruden, Van Wert, chiropody.

The certificate of William Agnew, M.D., of Akron, Ohio, was revoked for fee-splitting and the employment of cappers and the circulation of circulars soliciting indiscriminately operations for the removal of tonsils and adenoids.

Oklahoma.

Dr. J. T. Moon has located at Wagoner.

R. Q. Atchley has removed from 306 Bliss Building to 315 Palace Building, Tulsa.

South Dakota.

Dr. John H. Adair has moved from Rapid City to Lake City, Iowa.

Texas.

The T. E. M. Association met at Waco, October 25-26. The attendance was better than last year, but not such as could be desired.

Drs. J. M. Watkins, of Luling, and M. E. Daniel, of Honey Grove, were endorsed to the incoming Governor for reappointment on the State Board of Medical Examiners.

Dr. L. S. Downs was voted an honorary exempt member.

The officers elected for the coming year are: President, O. C. Baird, San Antonio; Vice-Presidents, Rosa B. Gates, Waco, and S. Donoho, Sherman; Secretary-Treasurer, H. H. Blankmeyer, Aransas Pass.

Next place of meeting, Mineral Wells, October 3-4, 1923.

OBITUARIES.

Bennett, Stephen M., Eclectic Medical Institute, Cincinnati, 1873, at New Goshen, Ind., August 10, aged 75.

Caldwell, James P., Bennett College of Eclectic Medicine and Surgery, Chicago, 1874, at St. Paul, Wis., September 7, aged 74.

Coffin, Oliver S., Indiana Eclectic Medical College, Indianapolis, 1888, at Alexandria, Ind., August 15, aged 81.

Edson, Alonzo J., Eclectic College of Medicine and Surgery, Cincinnati, 1857, at Rockford, Ill., aged 95.

Fruth, Charles H., Bennett College of Eclectic Medicine and Surgery, Chicago, 1907, at Gibson, N. M., July 13, aged 39.

Graves, Kate I., Bennett College of Eclectic Medicine and Surgery, Chicago, 1884, at Chicago, August 12.

Hubbard, Chas. M., Eclectic Medical College, Cincinnati, 1871, at Virginia, Ill., October 7, aged 74.

Hurst, D. N., licensed in Arkansas, at Combs, Ark., September 7, aged 74.

Joseph, John Z., Bennett College of Eclectic Medicine and Surgery, Chicago, at Chicago, Ill., aged 43.

Powers, Joseph M., Eclectic Medical College, Cincinnati, 1875, at Warrensburg, Mo., aged 73.

Power, William W., Georgia College of Eclectic Medicine and Surgery, 1882, at Bedford, Ga., August 22, aged 76.

Szwajkart, Adam, Bennett College of Eclectic Medicine and Surgery, Chicago, 1897, at Chicago, Ill., September 25, aged 61.

Story, William Offee, Eclectic Medical Institute, Cincinnati, August 7, aged 53.

Whitfield, Chas. E., College of Eclectic Medicine and Surgery, Atlanta, Ga., 1890, at Woodstock.

BOOK REVIEWS.

ECLECTIC MATERIA MEDICA, PHARMACOLOGY AND THERAPEUTICS. By Harvey Wickes Felter, M.D., Professor of Materia Medica in the Eclectic Medical College; Editor Eclectic Medical Journal. Royal octavo, 743 pages, illustrated. Cloth, $8.00. John K. Scudder, Publisher, 630 W. Sixth Street, Cincinnati, O.

To review this book as its scope would warrant demands considerable time and care—a task that requires thought. It is the largest and most pretentious volume on materia medica and therapeutics emanating from Eclectic sources for some years, and, as our school firmly believes in the efficiency of drugs, it is of greater importance to us.

In the preface the author states that it was written in response to the frequent requests of those who have attended his lectures.

Part I.—Is the Introduction, and contains (1) Definitions and General Considerations; (II) The Parts, Constituents and Derivatives of Plant Drugs, and may serve as a brief laboratory manual of organic materia medica; (a) Tells of the parts of plants employed as medicines or in their preparation, with the definition or description of such parts; (b) the derivatives of plant drugs, such as gums, resins, etc.; (c) the proximate and other principles of plant drugs, such as alkaloids, glucosides, etc.

III. The Pharmaceutical Forms or Classes of Medicines.

IV. Action and Effects of Medicines.

V. Application and Administration of Medicines.

VI. Incompatibility.

VII. The Management of Acute Poisoning.

VIII. The Dispensing of Medicines.

IX. Specific Medicines.

In this portion of the introduction the author points out the difference in the term specific as applied by the Eclectic and the dominant school.

A point of interest might be inserted here and which bears forcibly upon the contention of Eclectics came to the reviewer whilst reading a book issued during the present year. We quote: "Notwithstanding all the time and labor that have been expended in the search for specific remedies for disease, the list of those in which this has been achieved is a very short one. Malaria, syphilis, diphtheria, cerebro-spinal meningitis, and certain types of pneumonia practically complete the list."

"For a long time to come, from present indications, it will be the duty of the physician to treat the patient suffering from the disease rather than the disease itself," etc.

There are eighteen of these subdivisions in Part I, or the introduction, dealing further with prescription writing, weights and measures, definitions of therapeutic terms, abbreviations, words and phrases, pharmaceutical preparations, classification of drugs and sources of drug knowledge.

Part II treats of Individual Drugs. In each drug study the author follows the course usually pursued by therapeutic authors in naming the parts used, the habitat, common names, principal constituents, preparations, specific indications, action and therapy of the individual drug under consideration. The author has avoided the error, which was of such common occurrence, of ascribing to a drug curative powers for every condition under the sun, but describes when and how it should be used, together with its limitations. The work is a valuable addition to the library of every physician, and in the present day of therapeutic nihilism and doubt furnishes a valuable addition for one who desires a safe and sure guide in therapeutics.

We note a strong turn in the tide toward a restudy of therapeutics, and the present volume offers itself at an opportune time. M.

ORIGIGIN OF ALL THE PHARMACOPEIAL VEGETABLE DRUGS, CHEMICALS AND PREPARATIONS. With bibliography. Volume I—Vegetable Drugs. Eighth and Ninth Decennial Revisions. By John Uri Lloyd. Prepared under the auspices of and published by the American Drug Manufacturers' Association, Washington, D. C.

This book is true to its name and will be of service and interest to all who desire to delve into the history and origin of drugs. Casually opening the book on page 32, I find that buchu was first mentioned in 1840, became official in 1850, yet it was imported to London in 1821 and used by the Hottentots of the Cape of Good Hope previously. Cannabis, first mentioned in the U. S. P. in 1870, a native of Persia and cultivated in India, yet it was known in the east from pre-historic times. It was known by the Greeks more than two thousand years ago. Imported into Europe preceding 1860, it fell into disuse, to reappear again in 1809-10. Thus we might continue quoting from its pages, as each when opened reveals something new and novel regarding what we term as commonplace. Reading its pages reiterates the adage, "There is nothing new under the sun." M.

THE ECLECTIC PRACTICE OF MEDICINE. By Rolla L. Thomas, M.S., M.D., Professor of the Principles and Practice of Medicine in the Eclectic Medical College, Cincinnati, O. Illustrated. Fourth edition. Published by John K. Scudder, Cincinnati, O.

"In the preface to this edition the author states that whilst some changes have been made in the etiology, pathology, diagnosis and treatment of certain diseases, the treatment of former editions, however, remains practically the same. An experience of forty years in the active practice of medicine, together with thousands of my fellow-Eclectics, convinces me more and more with each passing year of the soundness of specific medication in the treating of diseased conditions."

To all of this latter statement we most heartily agree. An experience of nearly as many years only serves to strengthen my faith. A careful review of the book evidences the fact that it is a safe guide to the treatment of disease, based upon Eclectic principles. Etiology, pathology, diagnosis and prevention of disease have each received considerable study and made wonderful progress in recent years; treatment, however, save in a few isolated instances, has made but little progress. M.

OPHTHALMOLOGY, RETINOSCOPY AND REFRACTION. By W. A. Fisher, M.D., F.A.C.S., Chicago, Ill., Professor of Ophthalmology, Chicago Eye, Ear, Nose and Throat College. 248 illustrations, including 48 colored plates. Published by W. A. Fisher, 31 North State Street, Chicago. Price $4.00.

In the introduction the author states that "in his opinion ophthalmoscopy and the fitting of glasses belong to the general practitioner, and the acquiring of the necessary practical and theoretical knowledge is easy, interesting and within the reach of all. This book, he repeats, has been written with the intention of teaching medical practitioners and students the practical use of the ophthalmoscope and retinoscope, with easy application of methods of study, to the detection of diseases of the interior of the eye, and for the fitting of glasses when they are indicated.

The reviewer appreciates a book of this description, also the necessity of the general practitioner having a working knowledge of the ophthalmoscope, as the little he possesses has served him well in general diagnostics. Although the book is fully illustrated, it contains in addition a chart with twenty-four colored plates illustrating the normal fundus and diseased conditions of the same. We have carefully read a portion of the book and can commend it to the general practitioner as a useful guide in his work. M.

Provision for Physicians in Rural Districts.

A bill introduced in the Virginia legislature offers twenty scholarships plus $250 each in the University of Virginia Medical Department to students who, after graduation, shall practice medicine for at least five years in the rural section of the Congressional district from which they were appointed.

MISCELLANEOUS.

Child Welfare in an Anthracite Coal-Mining District.

In a bulletin recently issued by the children's Bureau of the U. S. Department of Labor, on excessive child labor and low earnings of the fathers is reported. The bulletin deals with children from 13 to 16 years of age in a district of the central field in Schuylkill County, Pennsylvania. In this area of little more than half a square mile, 24,726 were found living. A total of 519 boys had been employed, contrary to law, before reaching the age of 14 years, and 137 boys, not yet 16, had been employed underground. Of the 978 boys from 13 to 16 years of age who had been employed in or about the mines, 178 had suffered accidents. In ninety families studied, fatal accidents to the father had occurred, and in 235 families the chief wage earner had been disabled either totally or partially.

Infant Mortality in New Zealand.

New Zealand has been for years the country with the lowest infant mortality rate. It has also been the pioneer in systematic development of infant welfare work. New Zealand showed, in 1908, an infant mortality rate of 68 per thousand live births—a rate considerably lower than the present rate of 94 per thousand in the United States. Since 1908, New Zealand's rate has been steadily lowered; the latest figure for the year 1917, is 48 per thousand.

Medical Examination of Postal Employees.

It has been announced by the Postoffice Department, Washington, D. C., that the employees of the postal department in fifty-seven of the largest cities throughout the United States will be given free medical examinations whenever required. This plan has been authorized by the Treasury Department and will be conducted by members of the U. S. Public Health Service in the cities designated by the postal officials. This project, it is stated, marks the beginning of a movement to provide free medical examinations for all postal employees.

Court Decision Regarding Personal Attendance on Patients.

In a prosecution for violation of the Harrison Narcotic Law, the evidence showed that the defendant, a physician, had dispensed morphine at his office. In reversing the judgment of conviction and granting a new trial, the U. S. Circuit Court of Appeals, eighth circuit, said: "The power of the Commissioner of Internal Revenue, with the approval of the Secretary of the Treasury, to make all needful rules and regulations for carrying provisions of the Harrison Narcotic Law into effect, did not confer the power to say

that a physician could not personally attend a patient at his office. The enforcement of the act did not require any such rule, and it is contrary to the language of the act itself, which is plain and unambiguous and says nothing about where the patient shall be when personally attended. . . If Congress had intended to exclude personal attendance at office, it would have said so. . . . The fact of omission is strong evidence that it did not intend to say so."

Mother's Milk.

All our science and all our art have not yet provided a substance so good as the mother's milk. Yet how little we know about it. I believe physiologists are not yet determined as to whether breast milk is really a secretion or not. Certainly we have no proved knowledge as to the cause of its sudden appearance in the breasts, and little knowledge concerning the conditions controlling it either in quantity or in quality. Why is true milk never secreted as long as the child is in the uterus? After a woman has had a child, and has nursed that child, small quantities of milk frequently remain in the breasts, and may be expressed on pressure for months or years subsequently, but as soon as that woman becomes pregnant again, the milk disappears from her breasts once more. True, an oily fluid-colostrum appears in the breasts during pregnancy, but no true milk until some seventy hours after the infant's birth.—Johnstone, *Edinburgh Med. Journal,* May, 1922.

The House-Fly—Carrier of Disease.

The house or typhoid fly, as a carrier of disease, has been pronounced the most dangerous animal in existence. It is said that it has carried death to more human beings than have all the beasts of prey and poisonous reptiles put together. It carries the germ and causes the spread of typhoid fever, tuberculosis, infantile diarrhea and other diseases.

The early spring campaigns against the house-fly are most effective, since the flies are not so numerous then and because they increase rapidly. House-flies are now few. Why not swat the few and save many swats and much worry later and perchance avoid the spread of disease. By swatting the first flies and cleaning up the breeding places we very much decrease the number of flies in July and August.

Flies increase rapidly. They begin to breed in the spring when the days are warm. Each female may lay 120 to 150 eggs each of three or four times. "With nine generations in a season, if all offspring were to survive, and even should each female fly lay but one batch of eggs instead of three or four, the descendants from a single overwintering female by September 10 would number 5,598,720,000,000," says Dr. Howard, of the U. S. Department of Entomology.

The breeding places of flies are in filth. Everyone knows how everybody hates flies, the symbol of filth. They breed in rubbish and all sorts of animal

and vegetable refuse, such as decaying vegetable matter, manure piles, and open privy vaults. Why not go after the breeding places and the early flies now? Early and quick action is what counts. Just figure out how many swats will be saved later by proper action now.

Rockefeller Gift to League of Nations.

In a report from Geneva, August 17, it was stated that the hygiene committee of the League of Nations had decided to accept the offer of the Rockefeller Foundation, amounting to the sum of $60,000 a year for three years, to allow an interchange of staff in the public health services of various countries, and a sum of $30,000 yearly for the development of an international office for distributing information as to epidemics. After the necessary documents are signed, the plan will begin in October. Officials of the various nations will take a two weeks' course in Brussels and will then spend two months in the health department of other countries.

Physical Examination of Postoffice Employees.

At the request of the Postmaster General, boards of medical examiners from the U. S. Public Health Service in New York and Chicago examined postoffice employees to obtain a survey of health conditions existing in the federal postoffices in those cities. Only those employees who volunteered were examined, a total of 985, from all the different occupations in the postoffice department. A thorough physical examination was made in each case, and the results were classified. In Class 1 (no physical defects) there were five employees; in Class 2 (minor defects requiring observation or attention) there were twelve; in Class 3 (moderate defects requiring hygienic correction or minor medical, surgical, or dental attention) 258; Class 4 (moderate defects requiring medical supervision as well as hygienic correction), 336; Class 5 (advanced physical impairments requiring systematic medical or surgical attention), 234; Class 6 (serious physical defects requiring immediate medical or surgical attention), 140. It was found in comparing the results with those of the examination of garment workers that arteriosclerosis, aortic, mitral, and tricuspid diseases and myocarditis were from three to nine times as frequent among postoffice employees as among garment workers. Albuminuria and diabetes were three to four times as prevalent among garment workers as among the postoffice employees. There are a majority of employees in the sixth class and a considerable number in the fifth and fourth classs whose physisal condition demands constant medical supervision if they are to be continued in their present work. Constant medical supervision does not mean daily supervision, but as in industrial plants, these cases should be under the observation of a medical officer, their work should be

regulated and the progress of their infirmity closely watched. Furthermore, when the diseases which these employees are suffering from become severe enough to keep them from work, such incapacity will be complete, and, if not fatal, will at least mean continuous disability. Analysis of the defects found brings out the necessity of periodic physical examination for government employees, with advice, and such treatment as is allowed under the law; it also brings out the necessity for a competent physical examination on entrance into government service to exclude those with marked physical defects, or at least to record such defects to avoid compensation. The service is to be extended to all postoffice employees in the country.

More Than 2,500,000 Die in Russian Province.

Reports to the health section of the League of Nations show that before the situation was relieved by Americal help, of the 3,125,277 inhabitants of the Tartar republic, 2,500,000 died from starvation from January to March, 1922. There were 392,390 cases of infectious disease. In the Kharlov district, people were dying at the rate of 40,000 each month, or a mortality of 600 in every 1,000 population. Between March 1 and March 20, in the Kharlov district alone, 125,000 persons died of starvation.

Deplorable Conditions in Russia.

American physicians who have just returned to Moscow after a sanitary inspection trip to districts where no relief had been extended, report that the gauze furnished by the American Relief Administration was the first seen in four years at the city hospital of Saransk. The sanitary conditions in that city were so deplorable that it was necessary to demand a general cleaning campaign before extending relief of any kind. Since the famine has been checked, a strenuous campaign throughout Russia is now being waged against filth and disease, by the American Relief Administration. Among other things, 10,000,000 people are being vaccinated against smallpox, typhoid, paratyphoid and cholera.

Use of Fish in Malaria Control.

It i announced by the Rockefeller Foundation that in the southern states fish are being used extensively to control the breeding of the malaria mosquito. In practically all the towns in which there have been demonstrations of malaria control by antimosquito measures, they have been an important auxiliary to drainage and oiling, and in many instances the chief or even sole reliance. In a group of five counties in Alabama, practically every farmer has convenient access to a minnow

hatchery, from which he is able to stock breeding places with fish, as occasion arises. The city of Richmond, Virginia, has stocked all its fountains, reservoirs and lakes with top minnows, and has established hatcheries to furnish the fish free of charge to the communities in the state that want them.

TO THE MEN OF AMERICA.

By Miss Rose Trumbull.

You talk of your breed of cattle,
And plan for a higher strain,
You double the food of the pasture,
You heap up the measure of grain;
You draw on the wits of the nation,
To better the barn and the pen;
But what are you doing, my brothers,
To better the breed of men?

You boast of your Morgans and Herefords,
Of the worth of a calf or a colt,
And scoff at the scrub and the mongrel,
As worthy a fool or a dolt;
You mention the points of a roadster,
With many a "wherefore" and "when,"
But ah, are you conning, my brothers,
The worth of the children of men?

You talk of your roan-colored filly,
Your heifer so shapely and sleek,
No place shall be filled in your stanchions
By stock that's unworthy or weak.
But what of the stock of your household?
Have they wandered beyond their ken?
Oh, what is revealed in the round-up
That brands the daughters of men?

And what of your boy? Have you measured
His needs for a growing year?
Does your mark as his sire, in his features,
Mean less than your brand on a steer?
Thoroughbred—that is your watchword,
For stable and pasture and pen;
But what is your word for the homestead?
Answer, you breeders of men!

—*The Gideon.*

New Applications for Membership, September 1 to December 1, 1922.

California—Upton, Chas. H., Los Angeles.

Kansas—Volmer, John, Wichita.

Oklahoma—Cummings, W. C., Dresbach, H. V., Ross, G. B., Volmes, John, and Wallace, W. M., all of Oklahoma City.